

2009 Work Plan for Michigan  
Privileged Communication  
Centers for Disease Control and Prevention  
Immunization and Vaccines for Children Grants  
Program Announcement #: CDC-RFA-IP08-803  
Report Date: 8/15/2008  
Grantee: MI

<b>2009-0001: enhanced collaboration with influenza partners to identify, refer, and follow-up on vaccination efforts of high risk persons (HR).</b>	<b>Total Budget: \$593,701</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, MDCH / Influenza Education Coordinator will promote the enhanced collaboration with influenza partners to identify, refer, and follow-up on vaccination efforts of high risk persons (HR).. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Enhancing collaboration with influenza partners
<b>Evaluation Measure:</b>	1. # of HR flags 2. # recall notices in 2008 3. # of flu/diabetes brochures distributed; collaboration with LTC & MARR organizations; maintain staff member from MDCH Division of Immunization at meetings 4. # of referral posters distributed; means of distribution 5. # of hits to MDCH flu website; # of hard copy AIM TK distributed in 2008; # of unique visitors/mo, website hits and page views to the AIM TK website; # of people who received FluBytes in 2008 6. # attendees and type of INE and PPEPI sessions in 2008 7. # press releases distributed in 2008; # hits to press release website

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Continue to utilize and promote the HR Flag mechanism in the Michigan Care Improvement Registry (MCIR);	12/31/2009

2	Monitor and promote recall notices in MCIR (LHD, county, and providers);	12/31/2009
3	Maintain state partnerships with groups that serve high risk individuals: Diabetes program, including the Diabetes/Flu brochure; Long-term care (LTC) facilities; Michigan Antibiotic Resistance Reduction (MARR) Coalition	12/31/2009
4	Update and distribute referral poster to community vaccinator partners	12/31/2009
5	Distribute educational information to promote and clarify 2nd dose recommendation;	12/31/2009
6	Develop, update, and conduct Immunization Nurse Education (INE) and Physician Peer Education Project on Immunizations (PPEPI) flu modules;	12/31/2009
7	Disseminate press releases for pregnant women, the elderly, and other HR groups;	12/31/2009
8	Disseminated PSAs to target minority communities and parents of children under 5 years in HR geographic areas, according to MI Behavioral Risk Factor Survey (BRFS) data;	12/31/2009
9	Continue to foster partnerships with all who vaccinate in alternative care settings;	12/31/2009

<b>2009-0002: (sponsor) an Adolescent Immunization Conference to increase knowledge and awareness of the adolescent vaccination platform</b>	<b>Total Budget: \$151,967</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Courtney McFeters / Adolescent Coordinator will conduct the (sponsor) an Adolescent Immunization Conference to increase knowledge and awareness of the adolescent vaccination platform. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Sponsor an Adolescent Immunization Conference to increase knowledge and awareness of the adolescent vaccination platform
<b>Evaluation Measure:</b>	Nearly 175 conference attendees including MDCH staff and conference exhibitors; 159 registered attendees Excellent evaluations " attendees indicated that conference objectives were achieved # of conference webcast attendees # and quality of questions raised at conference and after the webcast is viewed

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>

Chapter 6, Program Requirement 6.1	Work with partners to support the establishment of the adolescent platform for adolescent immunizations.	40%
Chapter 6, Program Requirement 6.2	Provide, with guidance from CDC, information regarding the VFC program to appropriate medical providers and institutions that care for adolescents.	40%
Chapter 6, Program Requirement 6.3	Identify juvenile correctional facilities and/or social services agencies serving adolescent populations, and foster partnerships to promote increased coverage for recommended vaccines.	20%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Developed conference planning subcommittee.	12/31/2009
2	The Adolescent Immunization Conference (2008) was videotaped and is available as an archived webcast. Presentation slides can be downloaded at the webcast website. Continue to promote viewing of this information through 2009.	12/31/2009
3	Goals of conference: to promote adolescent immunizations in Michigan, educate providers about newly recommended adolescent vaccines, overcome challenges to vaccinating adolescents, discuss strategies for increasing adolescent immunization rates, and give providers the tools to communicate with parents, pre-teens, teens, and adolescents through college age about the importance of vaccination.	12/31/2009

**2009-0003: emphasis of adult vaccination through interactions with existing immunization partners****Total Budget: \$123,180**

<b>SMART Objective Statement</b>	By 12/31/2009, Adult Immunization Coordinator will establish the emphasis of adult vaccination through interactions with existing immunization partners. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Emphasis of adult vaccination through interactions with immunization partners
<b>Evaluation Measure:</b>	Quarterly MACI & FAB meetings; increases in membership & participation; meeting minutes of discussions; types of adult immunization information shared at MACI; 2. # of FAB, EC-FAB, and FEW meetings; increase in attendance; collaboration with outside agencies; # of hits to MDCH flu

website; # of hard copy AIM TK distributed in 2008; # of unique visitors/mo, website hits and page views to the AIM TK website; # of people who received FluBytes in 2008 3. # of attendees and type of INE and PPEPI sessions in 2008 4. Faces of Flu Campaign data for 2008; # hits to FFK website at [www.michigan.gov/flufighterkit](http://www.michigan.gov/flufighterkit) ; # pharmaceutical campaigns discussed at FAB meetings 5. Summarize LHD best practices; # of FAB meetings where local practices highlighted; # distribution in FluBytes, # web page hits 6. Maintain INE staffing 7. Frequency of attending flu coalition meetings; meeting minutes and summaries 8. Maintain staff attendance

### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%

### Grantee Activities:

Id	Activity Description	Timeline
1	Michigan Advisory Committee on Immunizations (MACI) spotlight an adult immunization issue on a predetermined routine basis (which includes adding adult agenda items and educational sessions);	12/31/2009
2	Flu Advisory Board (FAB) Education and Communication Subcommittee (EC-FAB) and MDCH Flu Education Workgroup (FEW)	12/31/2009
3	Include adult immunization information in the INE and PPEPI modules with continuing education credit;	12/31/2009
4	Collaborate with existing influenza vaccine campaigns focusing on adults including: American Lung Association's 2008-09 Faces of Influenza Campaign and Activities AIM Coalition & Toolkit for Providers Flu Fighter Action Kit (FFK) for Health Care Personnel; Pharmaceutical campaigns allow pharmaceutical reps to discuss current campaigns at quarterly FAB meetings	12/31/2009
5	Presentations from local efforts on mass vaccination clinics	12/31/2009
6	INE serves as the Adult Immunization Coordinator with support from PHA	12/31/2009
7	Support local flu coalitions through field representation and collaborations;	12/31/2009
8	Appropriate staff attend influenza updates/net conferences, or special CDC or MDCH influenza meetings as available	12/31/2009

**2009-0004: strategies to improve pneumococcal vaccination of Medicare beneficiaries.**

**Total Budget: \$11,444**


<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Education Coordinator will implement the strategies to improve pneumococcal vaccination of Medicare beneficiaries.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Strategies to improve pneumococcal vaccination of Medicare beneficiaries.
<b>Evaluation Measure:</b>	1. Distribute meeting minutes to summarize discussions and new initiatives 2. Publicize survey in FluBytes; present findings to FAB 3. Pneumococcal Pocket Guides are updated; 4. # MDCH Clearinghouse orders, # distributed, # hits to link on AIM website; 5. LTC and MARR toolkits include pneumococcal information, INE and flu education coordinator collaborate with project leads; 6. MPRO representative on FAB, MACI, and AIM. 7. The # of adult Pneumococcal vaccines in MCIR increased

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Facilitate discussion with FAB, MACI, and AIM	12/31/2009
2	Facilitate discussion regarding recent AARP survey <a href="http://www.aarp.org/research/health/prevention/flu_pneumonia.html">http://www.aarp.org/research/health/prevention/flu_pneumonia.html</a> )	12/31/2009
3	Update Pneumococcal Pocket Guides	12/31/2009
4	Distribute Pneumococcal Pocket Guides	12/31/2009
5	Provide input into the LTC Toolkit and MARR kit	12/31/2009
6	Collaborate with MPRO on status of hospital plans for pneumococcal vaccination;	12/31/2009
7	Encourage adult providers to use MCIR to record and assess pneumococcal.	12/31/2009

**2009-0005: internal and external partners to implement strategies proven to increase influenza vaccination of health-care personnel (HCP).**

**Total Budget: \$514,515**


<b>SMART Objective Statement</b>	By 12/31/2009, the Influenza Education Coordinator will educate the internal and external partners to implement strategies proven to increase influenza vaccination of health-care personnel (HCP).. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	MDCH will work with internal and external partners to implement strategies to improve influenza vaccination of health-care personnel (HCP).
<b>Evaluation Measure:</b>	1. number of hits to FFK website:www.michigan.gov/flufighterkit 2. number of hard copy AIM TK distributed in 2008; # of unique visitors/mo, website hits and page views to the AIM TK website 3. number of people who received FluBytes in 2008; Quarterly MACI & FAB meetings; increases in membership & participation; meeting minutes of discussions; types of adult immunization information shared at MACI; # of people at 2008 fall regional conferences; future collaboration with community vaccinators 4. number of attendees and type of INE and PPEPI sessions in 2008 5. number of newsletter articles contributed to partner organizations 6. Collaboration with LTC & MARR organizations; maintain staff member from MDCH Division of Immunization at meetings 7. number of posters distributed at 2008 fall regional conferences 8. frequency of meetings with MPA and number of attendees in meetings; summary and meeting minutes; increased community vaccinator partners on FAB and at fall conferences; # of educational sessions given to these groups 9. Investigate the possibility of utilizing or developing an employee roster in MCIR to track HCP vaccination by health care site; 10. number of attendees at planning meetings; representation from different health care systems; summarize progress made 11. FAB membership survey data 12. Meeting minutes and summaries, # of presentations given 13. number occupational health representatives on MACI/FAB

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Update and distribute the Flu Fighter Action Kit (FFK) for HCP;	12/31/2009
2	Include HCP flu vaccination on the AIM TK website and update regularly	12/31/2009
3	Discuss the importance of HCP vaccination at Regional Immunization Conferences, FAB and MACI meetings, Community Vaccinator's Forum, all immunization related meetings, and the FluBytes newsletter	12/31/2009
4	INE and PPEPI modules targeting HCP immunizations, including flu	12/31/2009

5	Regularly contribute newsletter articles on the importance of HCP vaccination to partners, including: Alliance for Immunization in Michigan (AIM) Coalition Michigan State Medical Society (MSMS) Michigan Advisory Committee on Immunization (MACI) MSU Extension Michigan Chapter, American Academy of Pediatrics Michigan Primary Care Association (MPCA) Communications Update and bimonthly newsletter (News and Notes) Michigan Society for Infection Control (MSIC) Newsletter Aging Newsletter Article Local Liaison Report Blue Care Network newsletter (Network News) BCBSM newsletter (Physician Update) State of Michigan Work on Wellness Newsletter Michigan Nurse journal (MNA) Michigan Academy of Family Physicians (MAFP) Communication quarterly Triad publication - quarterly, Michigan Osteopathic Association (MOA) Epi Insight MCIR.org - website posting	12/31/2009
6	Promote MARR guide for long-term care (LTC) facilities and assist in the development and distribution of Toolkit for LTC facilities	12/31/2009
7	Distribute posters targeting HCP vaccinations at conferences and other venues	12/31/2009
8	Collaborate with pharmacies and other complimentary and alternative immunization sites; Supply the Michigan Pharmacists Association (MPA) with training and educational materials, including education on storage and handling of vaccines	12/31/2009
9	Encourage hospital occupational health to utilize MCIR to track vaccinations of employees;	12/31/2009

**2009-0007: Joint Commission standards that establish annual influenza vaccination programs**
**Total Budget: \$5,025**

<b>SMART Objective Statement</b>	By 12/31/2009, Immunization Nurse Educators will implement the Joint Commission standards that establish annual influenza vaccination programs. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Joint Commission standards that establish annual influenza vaccination programs
<b>Evaluation Measure:</b>	1. Summary of information distributed; 2. Summary of kit distribution, # distributed' # hits to AIM kit website; 3. Kit is updated; # of hits to FFA kit website 4. Additional hospitals identified; featured in MDCH outreach materials and at outreach events 5. # of planning meetings, # inattendance, summarize progress made

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
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Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%
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**Grantee Activities:**

Id	Activity Description	Timeline
1	Distribute information via media, in newsletters, and through professional organizations;	12/31/2009
2	Promote use and distribute AIM kits;	12/31/2009
3	Promote use of and update FFA kit;	12/31/2009
4	Publicly support hospitals who require flu vaccination for staff	12/31/2009
5	Initiate planning for Shield of Excellence	12/31/2009

<b>2009-0008: evidence-based interventions to increase seasonal influenza</b>	<b>Total Budget: \$871</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Education Coordinator will implement the evidence-based interventions to increase seasonal influenza. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Evidence-based interventions to increase seasonal influenzE
<b>Evaluation Measure:</b>	1. Number hits to FFK website: www.michigan.gov/flufighterkit ; Number of hard copy AIM TK distributed in 2008; Number of unique visitors/mo, website hits and page views to the AIM TK website 2. Number of people who received FluBytes in 2008 3. Number of hits to MDCH flu website; Number attendees and type of INE and PPEPI sessions in 2008 4. Number of recall notices in 2008 5. Disseminate findings from U of M reminder recall study; incorporate lessons learned into practices; staff meeting minutes 6. Number of flu pocket guides distributed in 2008 7. Identify new BRFs questions that will result in usable data to direct program efforts

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%

**Grantee Activities:**

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Id	Activity Description	Timeline
1	1. Provide sample standing orders for flu in the 2008 AIM Kit and Flu Fighters Action Kit (FFK) for Health Care Personnel; 2. Distribute late-season strategies through FluBytes and other media venues; 3. Distribute and promote the Strategies for Pediatric, Adolescent, and Adult Practice 4. Promote Reminder/Recall; 5. Work with findings from University of Michigan flu study on reminder recall; 6. Provide flu pocket-guides for flu dosage to HCP statewide; 7. Stay up-to-date by monitoring MI Behavioral Risk Factor Survey (BRFS) and national Behavioral Risk Factor Surveillance System (BRFSS) data	12/31/2009

**2009-0009: strategies to ensure influenza, pneumococcal, and Td/Tdap vaccination of hospitalized adults prior to discharge**
**Total Budget: \$61,785**

<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Education Coordinator will develop the strategies to ensure influenza, pneumococcal, and Td/Tdap vaccination of hospitalized adults prior to discharge. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Strategies to ensure influenza, pneumococcal, and Td/Tdap vaccination of hospitalized adults prior to discharge
<b>Evaluation Measure:</b>	1. Legislation moves forward; 2. Barriers are identified and reduced; services and vaccine are available; 3. Mailing is completed, # distributed

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 7, Program Requirement 7.1	Work with partners (e.g., Quality Improvement Organizations, medical professional societies, hospital infection control nurses) to promote the adoption of evidence-based approaches to increasing vaccination such as the use of immunization information systems (IIS) for client and provider reminder/recall, standing orders, assessment/feedback in settings including hospitals, long-term care facilities, and outpatient clinical settings.	50%
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Support potential legislation to encourage pneumococcal/influenza vaccination at hospital discharge;	12/31/2009
2	Collaborate with hospitals to determine that no barriers exist to providing Tdap, influenza, MMR, if needed) postpartum and to new parents.	12/31/2009
3	Provide an educational mailing to birthing hospitals which includes posters and brochures.	12/31/2009

**2009-0010: VFC providers serving adolescents.****Total Budget: \$153,727**

<b>SMART Objective Statement</b>	By 12/31/2009, the MDCH field representatives will increase the percent of VFC providers serving adolescents. from baseline to 5%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase the number of VFC providers serving adolescents by 5%
<b>Evaluation Measure:</b>	# adolescent brochures/educational materials with VFC information distributed; % increase in VFC vaccine uptake for adolescent vaccines; # of PPEPI sessions for adolescent providers including VFC information; #of INE sessions for adolescent providers including VFC information; # of schools/school districts adolescent immunization information is distributed to annually; # of regional immunization conference attendees; % increase in VFC providers serving adolescents; Submit the required "Report of VFC Adolescent Outreach Activities" for each calendar year. Baseline: All adolescent immunization brochures and parent educational materials include information on the VFC program; INE & PPEPI programs include VFC information; In spring 2008, an average of 2.4 new VFC providers that serve adolescents were enrolled in each local health dept jurisdiction; In spring 2008, 91% of local health depts. reported 50-100% of VFC providers serving adolescents offer all age appropriate adolescent vaccines.

**Associate to Goals:**

	<b>Split</b>
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<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>%</b>
Chapter 2, Program Requirement 2.4	Assure appropriate apportionment of VFC vaccine purchases based on VFC-eligible population.	10%
Chapter 6, Program Requirement 6.2	Provide, with guidance from CDC, information regarding the VFC program to appropriate medical providers and institutions that care for adolescents.	80%
Chapter 6, Program Requirement 6.3	Identify juvenile correctional facilities and/or social services agencies serving adolescent populations, and foster partnerships to promote increased coverage for recommended vaccines.	10%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Education and Outreach Coordinator will include VFC information and resources on ALL relevant immunization brochures;	12/31/2009
2	Immunization Nurse Educator will include VFC information in all educational program materials targeting adolescent providers	12/31/2009
3	VFC and AFIX Staff will provide appropriate quality assurance activities to support new and previously enrolled providers;	12/31/2009
4	Adolescent Coordinator will inform and build awareness of VFC program with schools, parents, general public, etc. in order to serve all populations	12/31/2009
5	Education and Outreach Coordinator will ensure current VFC program information is available at all 8 regional immunization conferences	12/31/2009
6	Adolescent Coordinator will work with LHDs to identify and enroll complementary health care settings in the VFC program	12/31/2009

**2009-0011: internal and external partnerships (e.g., Quality Improvement Organizations, (QIO) medical professional societies, hospital infection control nurses, college-based health centers) to promote the adoption of evidence-based approaches to increasing vaccination**

**Total Budget: \$104,161**


<b>SMART Objective Statement</b>	By 12/31/2009, Barb Wolicki (Adult Coordinator) will create the internal and external partnerships (e.g., Quality Improvement Organizations, (QIO) medical professional societies, hospital infection control nurses, college-based health centers) to promote the adoption of evidence-based approaches to increasing vaccination. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	create internal and external partnerships (e.g., Quality Improvement Organizations, (QIO) medical professional societies, hospital infection control nurses, college-based health centers) to promote the adoption of evidence-based approaches to increasing vaccination
<b>Evaluation Measure:</b>	Each partnership has an identified contact person or membership list-serve; number of hits to AIM Toolkit website; number of hits to AIM Toolkit Adult Folder number of AIM Toolkits printed and distributed See 7. 2 for Peer E/INE baseline and evaluation measure

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 7, Program Requirement 7.1	Work with partners (e.g., Quality Improvement Organizations, medical professional societies, hospital infection control nurses) to promote the adoption of evidence-based approaches to increasing vaccination such as the use of immunization information systems (IIS) for client and provider reminder/recall, standing orders, assessment/feedback in settings including hospitals, long-term care facilities, and outpatient clinical settings.	90%
Chapter 7, Program Requirement 7.4	Additional Recommended Activities	10%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Develop and update annually, contact persons and list-serves within partnerships;	12/31/2009
2	Update and maintain AIM Toolkit in hard copy and in Adult Folder online at <a href="http://www.aimtoolkit.org">www.aimtoolkit.org</a> to include evidence-based approaches to increasing vaccination including provider reminder (via use of MCIR), patient reminder, standing orders, assessment/feedback in settings including hospitals, long term care facilities, college-base health centers and outpatient clinical settings	12/31/2009
3	Incorporate evidence-based approaches (above) into the Peer Education and INE Modules	12/31/2009

**2009-0012: 90% of new VFC providers and staff who will be serving the adolescent population, regarding procedures for vaccine inventory control, ordering adequate supplies, vaccine storage and handling, administration techniques, documentation, participation in MCIR, and other related issues**

**Total Budget: \$54,971**

<b>SMART Objective Statement</b>	By 12/31/2009, the state immunization field representatives will train the 90% of new VFC providers and staff who will be serving the adolescent population, regarding procedures for vaccine inventory control, ordering adequate supplies, vaccine storage and handling, administration techniques, documentation, participation in MCIR, and other related issues. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	train 90% of new VFC providers and staff who will be serving the adolescent population, regarding procedures for vaccine inventory control, ordering adequate supplies, vaccine storage and handling, administration techniques, documentation, participation in MCIR, and other related issues
<b>Evaluation Measure:</b>	number of education sessions in offices including VFC, Vaccine Management: Storage and Handling, Documentation and Vaccine Administration; number of hits to MCIR website, including provider tip sheets; Baseline INE sessions presented in offices from January to June 2008 - (41) VFC, (37) Vaccine Management: Storage and Handling, (16) Vaccine Administration.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 6, Program Requirement 6.1	Work with partners to support the establishment of the adolescent platform for adolescent immunizations.	50%
Chapter 6, Program Requirement 6.4	Additional Recommended Activities	35%
Chapter 8, Program Requirement 8.3	Additional Recommended Activities	15%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Immunization Nurse Educator will update/maintain Vaccine Management, Vaccines for Children Program, Vaccine Administration, Older Children and Adolescents, and Documentation educational modules for the INE program	12/31/2009
2	MCIR Coordinator will update/maintain MCIR educational materials and programs	12/31/2009

**2009-0013: partnership building events in which key immunization players involved in**

## immunization activities can meet together

**Total Budget: \$65,791**

<b>SMART Objective Statement</b>	By 12/31/2009, Barbara Wolicki (Adult Coordinator) will create the partnership building events in which key immunization players involved in immunization activities can meet together. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	create partnership building events in which key immunization players involved in immunization activities can meet together
<b>Evaluation Measure:</b>	Hold adult immunization-related event; Number of Adult, OB/Gyn and Vaccines across the Lifespan INE sessions conducted; Number of Adult, OB/Gyn, Family Medicine Peer Ed sessions conducted; Number of LHD activities related to adult immunization (IAP reporting)

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 6, Program Requirement 6.1	Work with partners to support the establishment of the adolescent platform for adolescent immunizations.	10%
Chapter 7, Program Requirement 7.4	Additional Recommended Activities	10%
Chapter 8, Program Requirement 8.3	Additional Recommended Activities	80%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Promote collaboration and partnerships;	12/31/2009
2	Improve communication among stakeholders	12/31/2009
3	Communicate policy and practice issues; Engage in open discussion of barriers and solutions	12/31/2009
4	Encourage broadening of target populations and audiences served; Discuss MCIR and the importance of reporting to this system; demo of provider reminder, patient reminder, standing orders, assessment/feedback in settings	12/31/2009
5	Incorporate adult immunization platform into annual regional conferences, partners meetings, State Immunization Education Programs (Peer Ed and INE), Quarterly AIM, MACI, FAB meetings; annual LHD IAP plans	12/31/2009

6	Develop relationships between state and local health departments, pharmacies, medical clinics, nurse associations, medical associations, hospitals, private providers, occupational health, etc. providing immunizations	12/31/2009
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<b>2009-0014: work with partners to demonstrate an increase in adult immunization rates</b>	<b>Total Budget: \$473,512</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Barbara Wolicki (Adult Coordinator) will facilitate the work with partners to demonstrate an increase in adult immunization rates. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	work with partners to demonstrate an increase in adult immunization rates
<b>Evaluation Measure:</b>	Percent increase in number of individuals ages 20 years and older with MCIR record Percent increase in number of individual shot records in MCIR for adults ages 20 years and older Baseline for Adult Immunization rates (defined as persons 20 years of age and older) using MCIR data: 1,486,801 of individuals with a MCIR record Number of individual shot records by age group 20-39: 996,224 40-59: 223,404 60 +: 267,173

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 3, Program Requirement 3.6	Additional Recommended Activities	10%
Chapter 7, Program Requirement 7.4	Additional Recommended Activities	90%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Promote use of MCIR for adult immunization records via forums, conferences, partners meetings, newsletters, AIM Tool Kit	12/31/2009
2	Provide MCIR access and training to sites who assess and/or vaccinate adults	12/31/2009

<b>2009-0015: access to vaccines for high risk adults, as 317 funds permits</b>	<b>Total Budget: \$50,768</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, the 317 Work Group will facilitate the access to vaccines for high risk adults, as 317 funds permits. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	As 317 funds permits, increase access to vaccines for high risk adults
<b>Evaluation Measure:</b>	Under MI-VRP general high risk and special programs: Number of hep A doses Number of hep B doses Number of # hepA/hepB combination doses Number of MMR doses Number of Td doses Number of Tdap doses Baseline measures: 317 Workgroups; Number of 317 funded vaccine doses distributed through the MI-VRP general and high-risk programs from January through June 2008: 266 Td 1171 Tdap 770 Hep B 227 Hep A 289 MMR

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 7, Program Requirement 7.3	As 317 funds permit, increase access to vaccines for high risk adults.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Review vaccine spend plan and funding on a quarterly basis	12/31/2009
2	Maintain/increase as funding allows a non-tiered MI Vaccine Replacement Program for uninsured and underinsured adult residents	12/31/2009
3	Maintain High-Risk Hepatitis A and B programs for clients served in LHD, FQHC and Migrant Health Centers	12/31/2009
4	Establish additional access to vaccines for high risk adults as funding allows (such as FY 2008 pilot program using hepA/hepB for persons 19 yrs and older served in certain settings including LHDs, STD, HIV, Family Planning, Substance Abuse, and Detroit Recovery programs)	12/31/2009

**2009-0016: 75% of adolescent VFC providers offer all ACIP- recommended vaccines to VFC-eligible adolescents**

**Total Budget: \$473,675**




<b>SMART Objective Statement</b>	By 12/31/2009, Courtney McFeters (Adolescent Coordinator) will demonstrate the 75% of adolescent VFC providers offer all ACIP- recommended vaccines to VFC-eligible adolescents. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	75% of adolescent VFC providers will offer all ACIP- recommended vaccines to VFC-eligible adoles
<b>Evaluation Measure:</b>	Number of HPV, MCV and Tdap doses ordered or administered by VFC providers- public and private, teen health centers, school based health centers, STD clinics and family planning clinics; Number of INE and PPEPI education sessions that include information on adolescent immunizations; Percent of VFC practices serving adolescent providers will assess and offer adolescent age appropriate vaccines; All adolescent educational materials to include information about the VFC program; All adolescent vaccines included in appropriate INE and PEPPI immunization education programs Baseline measurement: Michigan VFC policy to all current VFC providers is that LHD and partners establish a comprehensive adolescent immunization strategy In spring 2008, an average of 2.4 new VFC providers that serve adolescents were enrolled in each local health dept jurisdiction In spring 2008, 91% of local health depts. reported 50-100% of VFC providers serving adolescents offer all age appropriate adolescent vaccines.

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 6, Program Requirement 6.1	Work with partners to support the establishment of the adolescent platform for adolescent immunizations.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	VFC staff to ensure that all adolescent VFC vaccines are given by providers serving adolescents who are enrolled in the VFC program	12/31/2009
2	VFC staff to promote the VFC program to both private and public providers that serve adolescents	12/31/2009
3	Local health department staff to assess adolescent vaccines offered in VFC provider offices during VFC site visits;	12/31/2009
4	Adolescent Coordinator to review the adolescent immunization recommendations made by health care professionals	12/31/2009
5	Adolescent Coordinator will continue to promote a comprehensive adolescent immunization message in all appropriate professional educational programs and materials	12/31/2009

**2009-0017: educational materials promoting public awareness of newly recommended**

**vaccines for adolescents and the importance of the adolescent health care visit at 11-12 yrs of age distributed.**

**Total Budget: \$86,008**

<b>SMART Objective Statement</b>	By 12/31/2009, the Adolescent Coordinator will increase the number of educational materials promoting public awareness of newly recommended vaccines for adolescents and the importance of the adolescent health care visit at 11-12 yrs of age distributed. from the baseline to 5%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase the number of educational materials promoting public awareness of newly recommended vaccines for adolescents and promoting the importance of the adolescent health care visit at 11-12 yrs of age
<b>Evaluation Measure:</b>	Number of adolescent brochures distributed annually; Number of schools/school districts adolescent immunization information is distributed to annually; Number of immunization waivers reported for 6th grade annually; Monitor school assessments and general waivers for all 6th graders. Baseline 6th grade assessment included in Michigan since 2002; Brochure: Protect Pre-Teens and Teens from Serious Diseases Website 971 page views Brochures - 4,041 were distributed; Adolescent immunization information was distributed to 5,103 schools throughout the state in 2008; In 2007-08 school year 2% of 6th graders (n = 2,737) completed a waiver for at least 1 vaccine

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 6, Program Requirement 6.2	Provide, with guidance from CDC, information regarding the VFC program to appropriate medical providers and institutions that care for adolescents.	90%
Chapter 8, Program Requirement 8.3	Additional Recommended Activities	10%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Education and Outreach Coordinator will maintain an updated adolescent brochure outlining vaccines for teens	12/31/2009
2	Adolescent Coordinator will annually update adolescent educational flyer included in school packets	12/31/2009
3	Management team will assure steps in follow-up of MACI recommendation for the addition of MCV4 and Tdap to the 6th grade assessment;	12/31/2009
4	Adolescent Coordinator will continue to promote a comprehensive adolescent immunization message in all appropriate consumer educational programs and materials	12/31/2009
5	Adolescent Coordinator to review immunization waivers for 6th graders	12/31/2009

**2009-0018: educational sessions and materials promoting knowledge and awareness among health care providers regarding adolescent immunization issues.**

**Total Budget: \$369,015**

<b>SMART Objective Statement</b>	By 12/31/2009, Courtney McFeters will increase the number of educational sessions and materials promoting knowledge and awareness among health care providers regarding adolescent immunization issues. from baseline to 10%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase by 10% the number of educational sessions and materials promoting knowledge and awareness among health care providers regarding adolescent immunization issues
<b>Evaluation Measure:</b>	Number of education sessions containing adolescent immunization in office settings; Number of PPEPI education programs containing adolescent immunization information; Number of adolescent immunization educational materials distributed through INE and PPEPI programs; Number of articles placed in professional organizations' publications & websites; Number of non-INE and non-PPEPI presentations containing information on adolescent immunizations; Number of complimentary vaccinators such as visiting nurse associations, pharmacies, and other alternative sites enrolled in MCIR; Number of complimentary vaccinators already enrolled in MCIR that are

offering new adolescent vaccines; Percent increase in adolescent vaccine uptake and immunization rates in MCIR- statewide; Baseline: 93 immunization programs containing adolescent immunization information in office settings to 853 participants including physicians and their office staff were presented from January 2008 through June 2008; 24 PPEPI were conducted from January to June 2008 containing adolescent immunization information in grand rounds-type settings to 811 participants; MDCH also partners with the AIM Coalition to provide immunization educational materials for physicians and their staff both in paper and web formats for adolescent providers. Adolescent Immunization Conference held on June 5, 2008. Nearly 175 conference attendees including MDCH staff and conference exhibitors and 159 registered attendees. Archived webcast accessed by 263 people; 8 regional conferences which included adolescent immunization information were conducted throughout the state (1,645 attendees); Adolescent Medicine Specialist on MACI in 2006; Staff attends adolescent meetings to work w/ pharmacies to promote adolescent immunizations; Created Adolescent Immunization Workgroup as a result of the strategic planning process;

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 6, Program Requirement 6.1	Work with partners to support the establishment of the adolescent platform for adolescent immunizations.	5%
Chapter 6, Program Requirement 6.2	Provide, with guidance from CDC, information regarding the VFC program to appropriate medical providers and institutions that care for adolescents.	60%
Chapter 6, Program Requirement 6.4	Additional Recommended Activities	35%

#### Grantee Activities:

Id	Activity Description	Timeline
1	Immunization Nurse Educator will maintain comprehensive adolescent immunization education programs in both the office based and physician peer education programs	12/31/2009
2	Immunization Nurse Educator will include comprehensive adolescent information in other professional education materials, including, but not limited to, articles in professional publications/newsletters, conference presentations, provider educational materials on current vaccine recommendations, strategies to reach adolescent populations, contraindications and precautions associated with vaccine administration, the appropriate use of VIS, and strategies to promote adolescent immunization rates, e.g. use of complimentary vaccinators;	12/31/2009
3	Education and Outreach Coordinator will ensure current, comprehensive adolescent immunization information is offered at regional conferences	12/31/2009
4	Adolescent Coordinator will maintain/develop relationships with other professional groups which may offer	12/31/2009

	immunizations, e.g. pharmacists	
5	Management staff will maintain Adolescent Medicine Specialist on MACI	12/31/2009
6	Adolescent Coordinator will plan an immunization conference directed towards all adolescent immunization providers - both traditional and complimentary	12/31/2009
7	Education and Outreach Coordinator will maintain current adolescent immunization information on MDCH website and other professional websites	12/31/2009
8	Evaluation Committee to develop a program evaluation plan focusing on the adolescent AFIX initiative	12/31/2012

**2009-0019: workforce capacity strategic planning group to assist in crisis planning and cross training**
**Total Budget: \$77,378**

<b>SMART Objective Statement</b>	By 12/31/2009, Management Team will develop the workforce capacity strategic planning group to assist in crisis planning and cross training. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	develop a workforce capacity strategic planning group to assist in crisis planning and cross training
<b>Evaluation Measure:</b>	Workforce capacity survey results; Cross-training plan is implemented; COOP is reviewed and updated routinely. Baseline: Current strategic planning group information & projects Continuity of Operations (COOP) Plan

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 1, Program Requirement 1.2	All grantees will actively engage in self-evaluation to ensure that their findings guide the program in making necessary changes to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes.	50%
Chapter 1, Program Requirement 1.3	Additional Recommended Activities	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
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1	Develop workforce capacity survey to determine immunization staff's critical functions, credentials, work experiences, and objectives for educational and professional career development	12/31/2009
2	Survey data will assist with crisis planning and cross training, improving the capacity and competence to surge during crises while maintaining essential functions	12/31/2009

**2009-0020: self-evaluation and strategic planning to ensure the program is guided in making changes to more effectively carry out the mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes**

**Total Budget: \$109,280**

<b>SMART Objective Statement</b>	By 12/31/2009, Core Strategic Planning Team will engage the self-evaluation and strategic planning to ensure the program is guided in making changes to more effectively carry out the mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	actively engage in self-evaluation and strategic planning to ensure the program is guided in making changes to more effectively carry out the mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes
<b>Evaluation Measure:</b>	Evaluation focus and strategic planning priorities will be identified in the 2009 continuation application; Move to fund LHD on performance basis; Assess Satisfaction Surveys Assess Evaluation Surveys Solicitation of Feedback Conference Evaluations Site Visit Evaluations Health Educator Evaluations Re-evaluation of programs Outreach & Awareness surveys Partnership Building Surveys Will develop proper evaluative methods & formats for all programs currently not being evaluated

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 1, Program Requirement 1.2	All grantees will actively engage in self-evaluation to ensure that their findings guide the program in making necessary changes to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes.	50%

Chapter 1, Program Requirement 1.3	Additional Recommended Activities	50%
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**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Evaluate all conferences, large projects, and newsletters; send out surveys to immunization partners	12/31/2009
2	Funding Formula will move to be more performance based	12/31/2009
3	VFC and AFIX Findings	12/31/2009
4	INE and PPEPI; Site Visits; Accreditation Visits; IAP Plans	12/31/2009

<b>2009-0021: AFIX site visit to a minimum of 25% of enrolled VFC providers in the state.</b>	<b>Total Budget: \$143,654</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Stephanie Sanchez will conduct the AFIX site visit to a minimum of 25% of enrolled VFC providers in the state.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	a minimum of 25% of enrolled VFC providers in the state received an AFIX site visi
<b>Evaluation Measure:</b>	Minimum of 25% of AFIX visits completed with an increase of 5% from 2007

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 4, Program Requirement 4.1	Annually, review and maintain achievement of Level 1 (required) AFIX Standards	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Conduct AFIX visits concurrently with the VFC site visits at a minimum of 25% of the enrolled VFC providers in the state	08/01/2009
2	Develop, implement and evaluate a plan to increase the number of AFIX visits by 5%.	12/31/2009

**2009-0022: combined efforts of the AFIX, VFC and INE programs using CoCASA as a referral system, ensuring data is collected and entered in a timely manner**
**Total Budget: \$454,665**

<b>SMART Objective Statement</b>	By 12/31/2009, AFIX and VFC team will monitor the combined efforts of the AFIX, VFC and INE programs using CoCASA as a referral system, ensuring data is collected and entered in a timely manner. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	use CoCASA to track the combined efforts of the AFIX, VFC and INE programs
<b>Evaluation Measure:</b>	Staff has access and knowledge of CoCASA; AFIX, INE and VFC visits are appropriately and timely entered into CoCASA; AFIX coordinator application is submitted to CDC for participation in the VFC-AFIX workgroup

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 4, Program Requirement 4.3	Additional Recommended Activities	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
2	Discuss with CDC the limitations of CoCASA reporting capabilities to evaluate the AFIX, VFC and Educational visits collected in the CoCASA software	12/31/2009
3	Submit application for AFIX coordinator to participate with the CDC VFC-AFIX workgroup (formerly CPAWG) if a position becomes available.	12/31/2009

**2009-0023: achievement toward meeting Level 2 AFIX standards**
**Total Budget: \$19,363**




<b>SMART Objective Statement</b>	By 12/31/2009, Stephanie Sanchez will demonstrate the achievement toward meeting Level 2 AFIX standards. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	achievement toward meeting Level 2 AFIX standards
<b>Evaluation Measure:</b>	AFIX self-assessment worksheet will reflect efforts towards achievement of Level 2 standards

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 4, Program Requirement 4.3	Additional Recommended Activities	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Complete the AFIX self-evaluation worksheet showing all Level I AFIX standards are met	12/31/2009
2	Review Level 1 and 2 AFIX standards and develop a plan towards achievement of the Level 2 standards	12/31/2009

**2009-0024: use of registry based AFIX reports by private providers****Total Budget: \$536,585**

<b>SMART Objective Statement</b>	By 12/31/2009, Stephanie Sanchez will implement the use of registry based AFIX reports by private providers. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	use of registry based AFIX reports by private providers
<b>Evaluation Measure:</b>	Plan is developed to provide training and protocols to private providers on the use of registry based AFIX.

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 4, Program Requirement 4.2	For those with an IIS containing two or more immunizationsfor 70% or more	100%

children younger than age 6, use the IIS as the primary source from which records are used to assess immunization coverage levels.
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**Grantee Activities:**

Id	Activity Description	Timeline
1	Develop a plan to include timeline, protocols and training materials for private providers to have knowledge of the AFIX process and have access to the registry-based assessment reports	12/31/2009

**2009-0025: DCH and local health department record retention schedules on a semiannual basis for accurate information based on business practices, policies, or programmatic changes to the Division**

**Total Budget: \$20,559**

<b>SMART Objective Statement</b>	By 12/31/2009, Jacquelyn Jones will review the DCH and local health department record retention schedules on a semiannual basis for accurate information based on business practices, policies, or programmatic changes to the Division. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Review record retention schedule on a semiannual basis for accurate information based on business practices, policies, or programmatic changes to the Division.
<b>Evaluation Measure:</b>	records retention and disposal schedule will be finalized for the Division of Immunization

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 1, Program Requirement 1.3	Additional Recommended Activities	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	semi-annual review of MDCH and local health department retention schedules	12/31/2009

**2009-0026: progress to meaningfully engage Michigan American Indian tribal health centers in immunization activities**

**Total Budget: \$441,982**

<b>SMART Objective Statement</b>	By 12/31/2009, Carolee Besteman will document the progress to meaningfully engage Michigan American Indian tribal health centers in immunization activities. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	document progress to meaningfully engage American Indian tribal health centers in immunization activities
<b>Evaluation Measure:</b>	Chart will be compiled that lists tribal health center/sites & immunization coverage levels. Information/challenges of tribal health will be presented to MDCH Division of Immunization management & staff by Special Populations Immunization coordinator or guest speaker

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 1, Program Requirement 1.1	Document the process used by grantees to meaningfully engage American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native Villages and Corporations located within their boundaries in immunization activities. Grantees must coordinate immunization program planning and implementation with tribal/638 health clinics, the Indian Health Service (IHS), and other entities that provide medical services to American Indian/Alaska Native (AI/AN) populations. This may include the sharing of resources awarded under this grant.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Special Populations Immunization coordinator will collect coverage levels	12/31/2009
2	Coverage levels will be obtained from the Michigan Care Improvement Registry (MCIR).	12/31/2009
3	Population assessed will be 19-35 month old children	12/31/2009
4	Assessment criteria will be 4:3:1:3:3:1 and 4:3:1:3:3:1:4	12/31/2009
5	Plan will be developed to offer education and incorporate assessment of adolescent coverage rates in 2010	12/31/2009

**2009-0027: tribal health participation in AFIX assessments, in INE presentations, number and frequency of VFC site visits by LHDs, and the knowledge base and use by tribal health staff of Perinatal Hepatitis B Prevention Program (PHBPP) will be assessed.**

**Total Budget: \$26,009**

<b>SMART Objective Statement</b>	By 12/31/2009, Carolee Besteman will demonstrate the tribal health participation in AFIX assessments, in INE presentations, number and frequency of VFC site visits by LHDs, and the knowledge base and use by tribal health staff of Perinatal Hepatitis B Prevention Program (PHBPP) will be assessed.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	tribal health participation in AFIX assessments, in INE presentations, number and frequency of VFC site visits by LHDs, and the knowledge base & use by tribal health staff of Perinatal Hepatitis B Prevention Program (PHBPP) will be assessed.
<b>Evaluation Measure:</b>	Chart will be compiled which lists AFIX & INE activities, VFC site visits, & PHBPP needs at tribal health centers and presented to the MDCH Division of Immunization management & staff. 2008 Baseline: There are 12 federally-recognized tribes and 4 additional state-recognized tribes in Michigan (Bemidji region). In 2006-07, there were 6 AFIX visits conducted at clinic sites, and 5 educational visits by Immunization Nurse Educators (INE). Four of the IHS agencies received conference brochures, newsletters, and communications through the education and outreach listserv. Four of the agencies sent staff members to attend Michigan's Fall Regional Immunization Conferences in 2006: Sault Tribe (24 staff attended), Saginaw Chippewa Indian Tribe (6 staff), Keweenaw Bay Indian Community (1 person ), and Pokagon Potawatomi Health Services (2 staff). The Hannahville Indian Community attended the Pandemic Flu Summit in April 2006. More updated information will follow.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 1, Program Requirement 1.1	Document the process used by grantees to meaningfully engage American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native Villages and Corporations located within their boundaries in immunization activities. Grantees must coordinate immunization program planning and implementation with tribal/638 health clinics,	100%

	the Indian Health Service (IHS), and other entities that provide medical services to American Indian/Alaska Native (AI/AN) populations. This may include the sharing of resources awarded under this grant.	
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**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	MDCH AFIX coordinator will compile list of AFIX assessments at tribal health centers and give to Special Populations coordinator	12/31/2009
2	MDCH INE staff will compile list of INE presentations to tribal health centers and give to Special Populations coordinator	12/31/2009
3	MDCH VFC staff will identify VFC site visits by LHD staff to tribal health centers and give to Special Populations coordinator	12/31/2009
4	CoCasa will be used to compile these three lists.	12/31/2009
5	Special Populations coordinator with Perinatal Hepatitis B coordinator/staff will assess need/desire of tribal health centers for further education on PHBPP.	12/31/2009

<b>2009-0028: tool to measure health care personnel (HCP) vaccination rates, obtaining feedback from providers, hospitals, &amp; HC</b>	<b>Total Budget: \$81,676</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, the Adult Immunization Coordinator will develop the tool to measure health care personnel (HCP) vaccination rates, obtaining feedback from providers, hospitals, & HC. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Obtain feedback from providers, hospitals, & health care personnel (HCP) on developing a tool to measure HCP vaccination rates.
<b>Evaluation Measure:</b>	Development of measurement tool; MCIR HCP rates (proposed) Baseline: Publications on disappointing HCP immunization rates; JCAHO standard; MMWR HCP immunization recommendations

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 7, Program Requirement 7.2	Work with partners (e.g., Joint Commission on Accreditation of Healthcare Organizations) to increase influenza vaccination of healthcare workers.	75%
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	25%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Consider measurement for HCP vaccination rates without double-counting healthcare facilities in MCIR (HCP flag; separate rosters by provider ID; Give occupational health a separate ID; # new hospitals, provider offices, and healthcare facilities listed in MCIR HCP section);	12/31/2009
2	Develop a tool to measure rates for ALL recommended immunizations for HCP, not just influenza;	12/31/2009
3	Take a multi-agency approach; look at numerous medical organizations and agencies and determine specific and individualized issues for each agency	12/31/2009

**2009-0029: quarterly Immunization Workgroup Meetings with WIC and Medicaid****Total Budget: \$11,022**

<b>SMART Objective Statement</b>	By 12/31/2009, Bob Swanson will conduct the quarterly Immunization Workgroup Meetings with WIC and Medicaid. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	maintain quarterly Immunization Workgroup Meetings with WIC and Medicaid.
<b>Evaluation Measure:</b>	Quarterly Immunization Workgroup Meetings are held

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 11: WIC-Immunization Linkage	Assessment and referral forms the basis for all WIC Immunization linkage programs, which consists of reviewing a child's immunization record to determine if he/she is up to date (UTD) with immunizations. If the WIC participant's	100%

immunizations are not UTD, the child is referred to an immunization provider, preferably at his/her primary care setting. Assessment and referral can be implemented alone, or with outreach and tracking, parental or staff incentives, or with monthly benefit issuance such as Monthly Voucher Pick-up (MVP). These and other innovative strategies are described below. In an effort to decrease the burden on WIC staff, WIC policy makes clear that assessment activities only at certification/recertification visits are a viable option, although more frequent assessments are encouraged. This policy also allows sites to base assessment and referral on a single vaccine (DTaP) instead of on multiple vaccines.

#### Grantee Activities:

Id	Activity Description	Timeline
1	Maintain meetings to provide program updates and discuss barriers and successes	12/31/2009

**2009-0030: increase the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1:4 series**

**Total Budget: \$521,641**

<b>SMART Objective Statement</b>	By 12/31/2009, Bea Salada and Dianne Matelsky will increase the percent of increase the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1:4 series from 73% to 78%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1:4 series
<b>Evaluation Measure:</b>	Coverage level for WIC clients is at least 78%; February 2008 data shows Coverage is 80% (41,072 up to date; n=51,288)

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %

Chapter 3, Program Requirement 3.1	Strive to achieve the program goal of enrolling at least 95 percent of children under six years of age in a fully operational IIS.	10%
Chapter 11: WIC-Immunization Linkage	Assessment and referral forms the basis for all WIC Immunization linkage programs, which consists of reviewing a child's immunization record to determine if he/she is up to date (UTD) with immunizations. If the WIC participant's immunizations are not UTD, the child is referred to an immunization provider, preferably at his/her primary care setting. Assessment and referral can be implemented alone, or with outreach and tracking, parental or staff incentives, or with monthly benefit issuance such as Monthly Voucher Pick-up (MVP). These and other innovative strategies are described below. In an effort to decrease the burden on WIC staff, WIC policy makes clear that assessment activities only at certification/recertification visits are a viable option, although more frequent assessments are encouraged. This policy also allows sites to base assessment and referral on a single vaccine (DTaP) instead of on multiple vaccines.	90%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Provide LHD and WIC staff MCIR coverage assessments.	12/31/2009

**2009-0031: accountability and fraud and abuse policies will be assessed by reviewing CDC guidance, program experience, new program requirements and approved by the accountability workgroup.**

**Total Budget: \$25,783**

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team will conduct the accountability and fraud and abuse policies will be assessed by reviewing CDC guidance, program experience, new program requirements and approved by the accountability workgroup.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 31, 2012, the accountability and fraud and abuse policies will be assessed by reviewing CDC guidance, program experience, new program requirements and approved by the accountability workgroup.
<b>Evaluation Measure:</b>	Review Fraud and Abuse policy annually. Revise VFCRB to include updates and algorithms to



follow. Assure VFC Fraud and Abuse Hotline is maintained. Identify 3 MDCH staff as key decision makers. Consequences of Fraud and Abuse are defined and information is distributed annually at IAP meetings. Send CDC new version of Fraud and Abuse policy as updated. Establish improved database in MCIR with use of accountability that is programmed into VIM. Use Discoverer software to conduct internal audits.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 2, Program Requirement 2.1	Maintain, implement and submit to CDC written vaccine accountability policies, procedures and protocols that include formal policies on fraud and abuse and assuring that VFC vaccine is administered only to VFC-eligible children. Policies, procedures and protocols should be reviewed regularly, updated as needed and updated policies should be submitted to CDC.	100%

#### Grantee Activities:

Id	Activity Description	Timeline
1	Update and maintain 3 MDCH staff to make programmatic decisions regarding potential misuse situations.	12/31/2009
2	Maintain Fraud and Abuse Hotline for reporting suspected cases.	12/31/2009
3	VFC team to check physician licensure status at each enrollment by screening for suspended or revoked licenses and for any suspected case.	12/31/2009
4	Update and review annual VFC Site Visit guidance document. Educate annually at IAP meetings on revised Fraud and Abuse policy. Maintain Fraud and Abuse database.	12/31/2009
5	Update policy in VFC Resource Book for Providers.	12/31/2009
6	Post updated VFC Resource Book on line annually, and update online as needed. Encourage LHDs to provide all providers with new RB annually and refer to RB on line.	12/31/2009

**2009-0032: enrollees in the Michigan component of the CDC U.S. Influenza Sentinel Provider Surveillance Network to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties**

**Total Budget: \$25,092**


<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Sentinel Site Epidemiologist will increase the number of enrollees in the Michigan component of the CDC U.S. Influenza Sentinel Provider Surveillance Network to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties from 59% to 64%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	enrollment in the Michigan component of the CDC U.S. Influenza Sentinel Provider Surveillance Network to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties
<b>Evaluation Measure:</b>	Forty-nine of 83 (59%) counties have enrolled a sentinel; 40% have at least one regularly reporting site. Seventy-seven counties have less than 250,000 population; 27 (35%) have at least one regularly reporting site. Seven counties have population $\geq$ 250,000; 2 (29%) have one regularly reporting sentinel / 250,000 pop

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.6	Additional Recommended Activities	40%
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	60%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Facilitate LHD awareness of sentinel enrollment and reporting by maintaining a directory and updated database in a LHD Folder on the Michigan Health Alert Network	12/31/2009
2	Promote the influenza sentinel program at MDCH Regional Immunization Conferences	12/31/2009
3	Encourage LHD staff to recruit new providers via established quarterly communications on the sentinel program, the Local Liason Report, and MDCH Immunization Update newsletter	12/31/2009
4	Encourage MDCH staff to recruit new providers	12/31/2009
5	Promote the influenza sentinel surveillance program in MDCH and partner publications	12/31/2009

**2009-0033: 92 birthing hospitals, all laboratories, and the 83 local health departments on Perinatal Hepatitis B Prevention Program (PHBPP) related laws, recommendations and available services**

**Total Budget: \$7,730**

<b>SMART Objective Statement</b>	By 12/31/2009, Pat Fineis will educate the 92 birthing hospitals, all laboratories, and the 83 local health departments on Perinatal Hepatitis B Prevention Program (PHBPP) related laws, recommendations and available services. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	educate and update all 92 birthing hospitals, all laboratories, and the 83 local health departments on Perinatal Hepatitis B Prevention Program (PHBPP) related laws, recommendations and available services
<b>Evaluation Measure:</b>	The number of "hits" to our electronic PHBPP manual Baseline measures from 01/01/08 to 06/06/08 by specialty areas were as follows: Lab to 315; OB/GYN to 1,486; Hospital to 1,077; Local Health Department to 12,565; Family Practice to 771; Pediatrics to 1,053 with total of 17,267 hits. The number of educational programs. Baseline measure-Seven stand alone educational presentations for continuing education units (CEUs) were conducted in 2008. In addition, the program coordinator presented at a state-wide conference for infection control nurses and the Essentials of Perinatal Hepatitis B Prevention; Working with Delivery Hospitals to Prevent Perinatal Hepatitis B Virus Infection, Including the Universal Birth Dose of Hepatitis B Vaccine CDC web cast. Published articles Baseline-In 2008, four articles were published in three newsletters.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 5, Program Requirement 5.5	Work with hospitals to achieve universal birth dose coverage and documentation of the birth dose in an IIS.	25%
Chapter 5, Program Requirement 5.6	Additional Recommended Activities	75%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	The team will update and promote the PHBPP manual online and record the number of hits.	12/31/2009
2	The Enhanced Perinatal Hepatitis B Data Analyst along with the PHBPP team will develop and mail a laboratory survey to all Michigan laboratories	12/31/2009
	The program coordinator and other team members as needed will conduct at least five hepatitis educational	12/31/2009

3	presentations for: groups that request the advertised offerings state-wide meetings including IAP and other relevant specialties submit an abstract for the 2009 CDC PHBPP National Conference	
4	The team will submit at least four articles for publication in various newsletters that reach our partners	12/31/2009

**2009-0034: immunization orientation for staff that includes the role of CDC and how it relates to grantee's activities and CDC sponsored immunization updates**
**Total Budget: \$27,729**

<b>SMART Objective Statement</b>	By 12/31/2009, Liz Harton (or other Public Health Advisor) will provide the immunization orientation for staff that includes the role of CDC and how it relates to grantee's activities and CDC sponsored immunization updates. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Provide immunization orientation for staff that includes the role of CDC and how it relates to grantee's activities and CDC sponsored immunization updates
<b>Evaluation Measure:</b>	Employee packet references these materials. Employee packet continues to be updated "once every 6 months at minimum. A checklist is developed of all required orientation activities that must be completed by new staff

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 8, Program Requirement 8.1	Provide orientation for grantee immunization staff that includes the role of CDC and how it relates to grantee activities.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Ensure that immunization program staff members receive an orientation that includes how to use the Immunization Program Operations Manual (IPOM) and a review of Michigan's VFC/Immunization Grant	12/31/2009
2	Ensure that new immunization program staff members attend the 4-part series of the Epi satellite broadcast/webcast	

**2009-0035: By March 31, 2010, the VFC program will demonstrate that the number of enrolled public and private VFC providers who have received a VFC site visit in 2009 will have addressed all high priority storage and handling questions and will have provided all necessary documentation to address the VFC Site Visit Questionnaire and will remain above 75%.**

**Total Budget: \$9,151**

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team / Terri Adams - Connie Garn - Darcy Wildt will demonstrate the By March 31, 2010, the VFC program will demonstrate that the number of enrolled public and private VFC providers who have received a VFC site visit in 2009 will have addressed all high priority storage and handling questions and will have provided all necessary documentation to address the VFC Site Visit Questionnaire and will remain above 75%.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By March 31, 2010, the VFC program will provide state that the number of enrolled public & private VFC providers that receive a VFC sit visit in 2009 will have responded to all high priority storage & handling questions & provided all necessary documentation to the VFC Site Visit Questionnaire & will remain above 75%.
<b>Evaluation Measure:</b>	By October 2010, all data will reflect the most recent site visit review. â€œMaintain all required follow-up documentation and data to be tracked and analyzed. â€œNotify LHDs of missing or incorrect documentation and track when received. â€œAll VFC providers shall enroll and utilize MCIR for vaccine ordering and reporting beginning May 2008, and this process shall be completed by January 2009. â€œProvider orders shall follow the TOF schedule. â€œTrainings for MCIR VIM will be provided as the program develops and as upgrades are implemented

#### **Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 2, Program Requirement 2.2	Conduct site visits in public and private VFC provider settings to assure vaccine accountability and appropriate vaccine storage and handling at the provider level.	100%

#### **Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Review aggregate results for incorrectly answered VFC site visit questionnaires	12/31/2009
2	High priority questions for 2008 based on results including: ?Identify improper shipping and handling practices ? Focus on staff and provider education â€”Site Visit annual training required for all field staff and LHD staff who are conducting visits.	12/31/2009
3	Require corrective action follow-up submission	12/31/2009
4	Referrals tracked for INE, AFIX and MCIR as indicated by incorrect responses	12/31/2009
5	LHDs & MDCH will track monthly temperature logs before order approval	12/31/2009
6	MCIR will generate doses administered reports for all providers to cross-reference current profiles and ordering histories.	12/31/2009
7	Establish a pre-set tiered ordering system and compare to pre-determined vaccine limits per profiles & storage capacity.	12/31/2009
8	Request McKesson to continue to have quantities of five at a minimum if product is packaged in five doses and continue with 1 dose of DT & Td.	12/31/2009
9	Provide ongoing MCIR VIM trainings during program development	12/31/2009

**2009-0036: the state's hepatitis B birth dose rate****Total Budget: \$225,120**

<b>SMART Objective Statement</b>	By 12/12/2009, Pat Fineis will increase the percent of the state's hepatitis B birth dose rate from 80 to 81. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase the state's hepatitis B birth dose rate by 1%.
<b>Evaluation Measure:</b>	Report on hepatitis B birth dose coverage levels. Baseline-In 2007, the hepatitis B birth dose coverage levels were 80%. Report on number of hospitals enrolled in Universal Hepatitis B program. Baseline-In 2008, 97% of birthing hospitals were enrolled in the Vaccine for Children

(VFC) Universal Hepatitis B Program. The three hospitals not enrolled in the VFC program in 2008 had hepatitis B birth dose rates greater than 90% and had policies and procedures in place to offer the birth dose of hepatitis B vaccine to all newborns.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 5, Program Requirement 5.5	Work with hospitals to achieve universal birth dose coverage and documentation of the birth dose in an IIS.	100%

#### Grantee Activities:

Id	Activity Description	Timeline
1	Data analyst will monitor the hepatitis B birth dose coverage levels by hospital and will provide regular updates by county. The program coordinator will work with the local health departments to maintain at least 95% enrollment in the VFC Universal Hepatitis B Program. The program coordinator in collaboration with the PHBPP staff, for the given area, will work to ensure all birthing hospitals not enrolled in the VFC program will maintain at least 90% hepatitis B birth dose coverage levels. Also, will work to ensure they have policies and procedures to give hepatitis B immune globulin (HBIG) and hepatitis B vaccine to all newborns of HBsAg positive women, to review the pregnant woman's HBsAg status at admission, to record mom's HBsAg status in the baby's chart, and to administer hepatitis B vaccine to all eligible infants prior to hospital discharge	12/31/2009

**2009-0037: 20 hospital chart reviews to monitor policy and practice pertaining to perinatal hepatitis B prevention.**

**Total Budget: \$21,347**

<b>SMART Objective Statement</b>	By 12/31/2009, Pat Fineis will conduct the 20 hospital chart reviews to monitor policy and practice pertaining to perinatal hepatitis B prevention.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Conduct at least 20 hospital chart reviews to monitor policy and practice pertaining to perinatal hepatitis B prevention.
<b>Evaluation Measure:</b>	Completed Hospital surveys-Baseline measure-surveys were conducted in 2007, with 100% compliance. Three hospital chart reviews were conducted by June 2008. Results of hospital

surveys. Baseline measure-2007 hospital surveys indicated written policy and standing orders were in place as follows: 95% provide birth dose of hepatitis B vaccine prior to hospital discharge; 52% offer hepatitis B vaccine to those less than 2000 grams, (many facilities who did not have policies transferred babies immediately to another facility for care); 87% offer hepatitis B vaccine before hospital discharge to infants born to women with unknown HBsAg status; 96% offer hepatitis B vaccine and HBIG within 12 hours to infants born to HBsAg positive women. (Three said they did not have policies because they have never had a woman deliver who was HBsAg positive. The fourth hospital did not know.)

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 5, Program Requirement 5.1	Establish a mechanism to identify all HBsAg-positive pregnant women.	40%
Chapter 5, Program Requirement 5.2	Conduct case management of all identified infants at risk of acquiring perinatal hepatitis B infection which includes: a. administration of appropriate immunoprophylaxis is administered to all infants born to HBsAg-positive women [including hepatitis B immune globulin (HBIG), hepatitis B vaccine birth dose, and complete vaccine series] and b. completion of post-vaccination serologic testing of all infants born to HBsAg-positive women and reporting of all HBsAg-positive infants to CDC through the National Notifiable Disease Surveillance System (NNDSS).	20%
Chapter 5, Program Requirement 5.3	Evaluate completeness of identification of HBsAg-positive pregnant women, case management, reporting of HBsAg-positive infants, and appropriate care of infants born to HBsAg-unknown status mothers based on methodology provided by CDC.	40%

#### Grantee Activities:

Id	Activity Description	Timeline
1	The team will continue to identify/update key personnel and will continue to update information relating to policies and procedures for testing women for hepatitis B, for providing appropriate documentation and for providing appropriate prophylaxis when indicated. This information will be used to compare with the findings of our hospital chart reviews. The team will conduct hospital medical record reviews and feedback on paired mother/baby charts to identify areas of excellence and areas in need of improvement. The feedback will include relevant educational materials based on areas in need of improvement.	12/31/2009

**2009-0038: number of enrolled public and private VFC providers that receive a VFC site visit in 2009 will have responded to all high priority storage and handling questions and will have provided all necessary documentation to the VFC Site Visit Questionnaire and**

**Total Budget: \$211,482**



will remain above 75%.

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team Terri Adams, Connie Garn, Darcy Wildt will demonstrate the number of enrolled public and private VFC providers that receive a VFC site visit in 2009 will have responded to all high priority storage and handling questions and will have provided all necessary documentation to the VFC Site Visit Questionnaire and will remain above 75%.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By March 31, 2010, the VFC program will demonstrate that the number of enrolled public and private VFC providers that receive a VFC site visit in 2009 will have responded to all high priority storage and handling questions and will have provided all necessary documentation to the VFC Site Visit Questionnaire and will remain above 75%.
<b>Evaluation Measure:</b>	By October 2010, all data entered and updated with most recent site visit review. Maintain required follow up documentation, data to be tracked and analyzed. Notify LHDs of missing or incorrect documentation and track when received. All VFC providers will enroll and utilize MCIR for vaccine ordering and reporting beginning May 2008, and complete by January 2009... Provider orders follow TOF schedule. Trainings for MCIR VIM as program develops and has upgrades.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 2, Program Requirement 2.2	Conduct site visits in public and private VFC provider settings to assure vaccine accountability and appropriate vaccine storage and handling at the provider level.	100%

#### Grantee Activities:

Id	Activity Description	Timeline
1	Review aggregate results for incorrectly answered VFC site visit questionnaire's high priority questions for 2008 based on results including: ? Identify improper S & H practices ? Focus on staff and provider education â€" Site Visit annual training required for all field staff and LHD staff who are conducting visits.	12/31/2009
	Require corrective action follow-up submission. Referrals tracked for INE, AFIX and MCIR as indicated by incorrect	12/31/2009

2	responses.	
3	LHDs and MDCH will track monthly temperature logs before order approval.	12/31/2009
4	MCIR will generate doses administered reports for all providers to cross reference current profiles and ordering histories. Established pre-set tiered ordering system, and compare to pre-determined vaccine limits per profiles and storage capacity.	12/31/2009
5	Instruct McKesson to continue to have quantities of 5, if a minimum product is packaged in 5, and continue with 1 dose of DT and Td.	12/31/2009
6	Provide ongoing MCIR VIM trainings as program develops.	12/31/2009

**2009-0039: identification of infants born to HBsAg positive women by 1% Increase from 307 cases in 2007 to 310 cases in 2009.**

**Total Budget: \$2,155**

<b>SMART Objective Statement</b>	By 12/31/2009, Kari Tapley will increase the percent of identification of infants born to HBsAg positive women by 1% Increase from 307 cases in 2007 to 310 cases in 2009. from 307 to 310. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase identification of infants born to HBsAg positive women by 1% (2007 cases).
<b>Evaluation Measure:</b>	Identification of infants born to HBsAG positive women. Baseline data for 2006 (reported to the CDC April 2008) resulted in the identification of 307 infants being born to HBsAg positive women. Review of Michigan Disease Surveillance System (MDSS System) Baseline date-through review of our electronic communicable disease system, (MDSS), twenty four cases (approximately 595 cases were reviewed) were found to be pregnant and HBsAg positive from 1/1/08 -6/30/08. Review of Michigan Care Improvement Registry (MCIR) Baseline data-through review of our immunization registry(MCIR), five new cases were found by reviewing 2007 births. Review of Newborn Screening (NBS) cards Baseline data-through the process of reviewing (NBS) cards, eight cases, not previously identified, were found through this process from 1/1/08 â€" 6/30/08.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 5, Program Requirement 5.3	Evaluate completeness of identification of HBsAg-positive pregnant women, case management, reporting of HBsAg-positive infants, and appropriate care of infants born to HBsAg-unknown status mothers based on methodology provided by CDC.	50%
Chapter 5, Program Requirement 5.4	Develop and examine feasibility to implement a state plan to put into practice a universal reporting mechanism with documentation of maternal HBsAg test results for all births.	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	The PHBPP enhanced data analyst and surveillance specialist will review our electronic communicable disease reporting, MDSS, to determine pregnancy status for HBsAg positive women of childbearing age. The two case managers will review our immunization registry, MCIR, to identify births to women previously enrolled in our program that were not previously reported. The two case managers will follow up on all NBS cards marked positive for HBsAg that we are not currently following to determine status.	12/31/2009

**2009-0040: number of enrolled public and private VFC providers that receive a VFC site visit will be assessed and will remain above 50% annually.**

**Total Budget: \$34,784**

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team Darcy Wildt, Terri Adams, Connie Garn will assess the number of enrolled public and private VFC providers that receive a VFC site visit will be assessed and will remain above 50% annually.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 31, 2012, the number of enrolled public and private VFC providers that receive a VFC sit visits conducted will be assessed and remain above 50% annually.
<b>Evaluation Measure:</b>	Maintain VFC Data Base of site visits conducted, Enhanced data collection at MDCH VFC office and in MCIR. Educate LHDs annually of site visit requirements, update guidance and present to Fall IAP meetings annually. 100% enrollment in VFC program will participate in MCIR VIM and use MCIR generate reports. MCIR to track site visits by 2012. Field Reps with counties that have less than 5

satellite clinics, they should do site visits to all LHD clinics. If Field Reps have counties that have more than 5 satellite clinics, place them on a rotating schedule to ensure all satellite clinics are seen by 2010, and then again by 2012.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 2, Program Requirement 2.3	Collect data sufficient to accurately account for all publicly purchased vaccine; monitor this information using standardized protocols to assure that provider vaccine orders are appropriate, to determine the amount of vaccine lost or wasted, to provide technical assistance to providers when problems are identified, and to implement corrective action plans as needed.	100%

#### Grantee Activities:

Id	Activity Description	Timeline
1	Prioritize VFC enrolled provider sites to receive VFC sites annually targeting large practices.	12/31/2009
2	Require initial site visit for all new VFC enrollments.	12/31/2009
3	Encourage site visits for VFC providers with vaccine losses, and storage and handling issues.	12/31/2009
4	In cases of suspected Fraud and Abuse, if a site visit has not been done in that year, encourage a new site visit.	12/31/2009
5	Require all LHDs to have VFC Site Visit per Immunization Field Reps, including all LHD satellite clinics.	12/31/2009

**2009-0041: number of enrolled public and private VFC providers that receive a VFC site visit will be assessed and will remain above 50% annually.**

**Total Budget: \$16,722**

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team Terri Adams, Darcy Wildt, Connie Garn will develop the number of enrolled public and private VFC providers that receive a VFC site visit will be assessed and will remain above 50% annually.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 31, 2012, MDCH immunization program will develop a method to ensure appropriate apportionment of VFC vaccines purchased based on the actual VFC-eligible population annually

<b>Evaluation Measure:</b>	By December 31, 2012, all VFC provider profile data will be submitted and tracked via MCIR. Submit annual PES and VOFA to CDC. Utilize data on PES to ensure proper apportionment of VFC vaccine purchases annually. PES pre-populated by CDC in 2008, data questioned by MDCH. CDC agreed to allow MDCH to compare numbers from CMS in the CDC format. Plan to compare these numbers annually and submit the most recent data. Enhanced MCIR profile data collection, will result in more accurate profile data.
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**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 2, Program Requirement 2.4	Assure appropriate apportionment of VFC vaccine purchases based on VFC-eligible population.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Develop MCIR to monitor vaccine usage and identify changing patterns by providers ordering and doses administered.	12/31/2009
2	Establish plan for implementation of MCIR analysis of data gathered.	12/31/2009
3	Implement procedures to ensure that providers do not exceed pre-determined usage based on VFC eligible population.	12/31/2009
4	Establish data base for new providers from the start of VIM. Recruit providers via Medicaid enrollment process.	12/31/2009
5	Enhance MCIR to record EBC eligibility for birth doses of Hep B.	12/31/2009
6	Complete annual VOFA and PES.	12/31/2009
7	Enhance MCIR profile data collection thru education and guidance of CDC, need to determine who is VFC for which visits and will that populate the profile.	12/31/2009

**2009-0042: increase by 1% completion rates of: hepatitis B vaccination series by eight months of age**

**Total Budget: \$36,463**


<b>SMART Objective Statement</b>	By 12/31/2009, Sallie Pray/Marcy Smith will increase the rate of increase by 1% completion rates of: hepatitis B vaccination series by eight months of age from 85 to 86. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase by 1% completion rates of: hepatitis B vaccination series by 8 months of age
<b>Evaluation Measure:</b>	Baseline data for 2006 (reported to CDC April 2008) 98% received both HBIG and hepatitis B vaccine within 1 calendar day of birth; 85% received HBIG and a complete hepatitis B series by 8 months of age; 92% received HBIG and a complete hepatitis B series by 12 months of age; 82% received post-vaccination serology. Maintain rates of at least 95% for administration of HBIG and hepatitis B vaccine within 1 calendar day of birth for infants born to HBsAg positive women, at least 90% for completion of the hepatitis B series by 12 months of age for infants born to women who are identified to be HBsAg positive.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 5, Program Requirement 5.2	Conduct case management of all identified infants at risk of acquiring perinatal hepatitis B infection which includes: a. administration of appropriate immunoprophylaxis is administered to all infants born to HBsAg-positive women [including hepatitis B immune globulin (HBIG), hepatitis B vaccine birth dose, and complete vaccine series] and b. completion of post-vaccination serologic testing of all infants born to HBsAg-positive women and reporting of all HBsAg-positive infants to CDC through the National Notifiable Disease Surveillance System (NNDSS).	80%
Chapter 5, Program Requirement 5.3	Evaluate completeness of identification of HBsAg-positive pregnant women, case management, reporting of HBsAg-positive infants, and appropriate care of infants born to HBsAg-unknown status mothers based on methodology provided by CDC.	20%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Two case managers will continue to provide case management services to all infants identified as being born to HBsAg positive women. They will continue to provide program education and will continue to work with local health departments, laboratories, hospitals, and medical providers to collaborate efforts for improved case completion.	12/31/2009

**2009-0043: system to identify and resolve discrepancies between VFC ordering patterns and the most current provider profile for 100% of VFC enrolled providers.**

**Total Budget: \$24,193**

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team Darcy Wildt, Terri Adams, Connie Garn will design the system to identify and resolve discrepancies between VFC ordering patterns and the most current provider profile for 100% of VFC enrolled providers.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 31, 2012, MDCH immunization program will design a system to identify and resolve discrepancies between VFC ordering patterns and the most current provider profile for 100% of VFC enrolled providers.
<b>Evaluation Measure:</b>	By December 31, 2012, 100% VFC providers will submit VFC enrollment forms correctly. Data to be entered into MCIR and VACMAN. Data to be tracked and analyzed annually. Providers with discrepancies between ordering patterns and current profiles will have further possible Fraud and Abuse investigation by LHD and MDCH if warranted.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 2, Program Requirement 2.5	Adhere to VFC requirements for vaccine storage and handling and vaccine incident and wastage reporting.	100%

#### Grantee Activities:

Id	Activity Description	Timeline
1	For each VFC provider, VFC will ensure that MCIR systematically compares VFC orders for the time period from last order (monthly, bi-monthly or tri-monthly as pre-determined by their assigned TOF schedule).	12/31/2009
2	Provider orders identified with discrepancies will be flagged in MCIR to notify LHD at time of order.	12/31/2009
3	LHD to review and contact provider to resolve discrepancy within 1 week.	12/31/2009
4	LHD may choose to defer discrepancy to MDCH for state review and recommendations, State to be notified by MCIR.	12/31/2009
5	MCIR will offer providers an updated VFC profile based on vaccine eligibility at the time of date entry.	12/31/2009

6	VFC state staff to maintain provider profile data for 3 years either at MDCH or in MCIR.	12/31/2009
7	Utilize MCIR to identify non-VFC.	12/31/2009
8	Use VACMAN data to verify orders.	12/31/2009
9	MDCH shall view provider inventory on hand in MCIR and assist in education of VFC vaccine use.	12/31/2009
10	MDCH VFC uploads McKesson shipping information directly into MCIR provider inventories in an effort to decrease data entry errors and assure VFC vaccine is placed in VFC inventory.	12/31/2009

**2009-0044: 317 and VFC vaccine needs annually, based on ACIP recommendations, populations to be served, anticipated vaccine uptake and wastage rates, and existing vaccine inventories.**

**Total Budget: \$31,387**

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team Terri Adams, Darcy Wildt, Connie Garn will review the 317 and VFC vaccine needs annually, based on ACIP recommendations, populations to be served, anticipated vaccine uptake and wastage rates, and existing vaccine inventories.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 31, 2012, MDCH Immunization program will review 317 and VFC vaccine needs annually, based on ACIP recommendations, populations to be served, anticipated vaccine uptake and wastage rates, and existing vaccine inventories.
<b>Evaluation Measure:</b>	PES and VOFA are submitted timely. Maintenance of current Adult Immunization program Maintain HR Hep A and B program. A system is in place that supports vaccine priority groups identified. Maintain VFC Flu Vaccine program with provider letter sent. Analyze flu vaccine data to prepare for next flu season.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 2, Program Requirement 2.6	Return wasted vaccine for a refund of the federal excise tax following procedures outlined at the following website: <a href="http://www.cdc.gov/nip/vfc/st_immz_proj/forms/excise_tax_credit.htm">http://www.cdc.gov/nip/vfc/st_immz_proj/forms/excise_tax_credit.htm</a>	100%



**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	VFC coordinator submitting PES.	12/31/2009
2	Accountability coordinator submitting VOFA.	12/31/2009
3	Reassess 317 funding and priority groups as new vaccines are introduced.	12/31/2009
4	Establish tiered system for underinsured if necessary funding issues arise.	12/31/2009
5	Maintain less than 5% vaccine wastage	12/31/2009
6	Evaluate Immunization 317 Workgroup suggestions based on survey and comments.	12/31/2009
7	Maintain 317 Adult Immunization programs for Tdap, Td, Hep A and B and MMR.	12/31/2009
8	Assess options to increase vaccine provided via the adult Immunization program.	
9	Maintain High Risk Hep A and B program.	12/31/2009
10	Target adolescent providers to better serve population at risk.	12/31/2009
11	Establish data baseline in MCIR or VACMAN for OB/GYN enrolled providers from the implementation of COD.	12/31/2009
12	Maintain state supported vaccines.	12/31/2009
13	Annually update and educate providers on VFC Flu program, including VFC letter to providers explaining new flu vaccine delivery.	12/31/2009
14	VFC team to maintain flu orders and allocations in spreadsheets for tracking of data.	12/31/2009

**2009-0046: improved quality assurance by reviewing 100% of provider temperature logs, doses administered and ordering patterns.**

**Total Budget: \$8,692**

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team Darcy Wildt, Connie Garn and Terri Adams will demonstrate the improved quality assurance by reviewing 100% of provider temperature logs, doses administered and ordering patterns.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 31, 2009, the VFC program will demonstrate improved quality assurance by reviewing 100% of provider temperature logs, doses administered and ordering patterns.

<b>Evaluation Measure:</b>	New system is established and maintained. Resource Book updated annually and posted to web. Education provided at IAP and INE meetings bi-annually. Update VFC INE Module at least annually. Collect all VFC enrollment data and reports via MCIR. Utilize E-ordering in MCIR to assess profiles and ordering history. VFC team to update Medicaid lists and compare to VFC provider lists. Screen all VFC providers for current licenses. Using VACMAN to verify vaccine orders. Request Discoverer reports as needed. Attend and present VFC program updates at MACI, FAB and AIM. Perform provider satisfaction survey every two years and evaluate provider feedback. Use feedback to improve VFC Q & A.
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**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 2, Program Requirement 2.2	Conduct site visits in public and private VFC provider settings to assure vaccine accountability and appropriate vaccine storage and handling at the provider level.	25%
Chapter 2, Program Requirement 2.3	Collect data sufficient to accurately account for all publicly purchased vaccine; monitor this information using standardized protocols to assure that provider vaccine orders are appropriate, to determine the amount of vaccine lost or wasted, to provide technical assistance to providers when problems are identified, and to implement corrective action plans as needed.	50%
Chapter 2, Program Requirement 2.5	Adhere to VFC requirements for vaccine storage and handling and vaccine incident and wastage reporting.	25%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	VFC team will develop a revised data storage system with all data in one location per VFC PIN #'s.	12/31/2009
2	Update and issue an annual Resource Book.	12/31/2009
3	Educate LHDs on how to train providers on VFC	12/31/2009
4	Work with INEs on VFC module.	12/31/2009
5	Require all LHDs to review provider temp logs, doses administered and orders every time provider places an order.	12/31/2009
6	Require MCIR reports for ordering	12/31/2009
7	Require MCIR VFC profiles. VFC staff will review all LHD supporting documents.	12/31/2009
8	VFC staff to compare Medicaid lists of providers to VFC lists of providers to assure a higher rate of Medicaid providers are enrolled in the VFC program.	12/31/2009
9	Screening of any VFC provider enrollment for suspended or revoked licenses.	12/31/2009

10	VFC team to verify vaccine orders in VACMAN and then notify providers of any issues.	12/31/2009
11	Update MDCH VFC website as required.	12/31/2009
12	Perform bi-annual education programs for IAPs regarding VFC program guidelines and updates.	12/31/2009
13	Utilize discoverer reports from MCIR to assess questionable practices.	12/31/2009
14	VFC program shall be presented at every MACI, FAB and AIM meeting.	12/31/2009
15	A provider satisfaction survey shall be performed every two years.	12/31/2009

**2009-0047: cash incentive program for local health jurisdictions to recruit sentinel provider sites**
**Total Budget: \$11,376**

<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Sentinel Site Epidemiologist will implement the cash incentive program for local health jurisdictions to recruit sentinel provider sites. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	have implemented a cash incentive program for local health jurisdictions to recruit sentinel provider sites
<b>Evaluation Measure:</b>	Regularly assess the number of enrolled sentinels, the counties they represent, and the number of cash incentives rewarded

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 9, Program Requirement 9.6	Additional Recommended Activities	40%
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	60%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Promote the cash incentive via established communication channels	12/31/2009

**2009-0048: Through the Sentinel Site project, Immunization lot # & manufacturer fields**
**Total Budget: \$4,550**

will be 90% complete for children aged <1y in the MCIR.

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team Kyle Enger will assess the Through the Sentinel Site project, Immunization lot # & manufacturer fields will be 90% complete for children aged <1y in the MCIR.. Work on this objective will begin on 01/01/2009.>
<b>Objective Name:</b>	Through the Sentinel Site project, Immunization lot #& manufacturer fields will be 90% complete for children aged <1y in the MCIR. >
<b>Evaluation Measure:</b>	Completeness of lot and manufacturer fields.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 3, Program Requirement 3.1	Strive to achieve the program goal of enrolling at least 95 percent of children under six years of age in a fully operational IIS.	15%
Sentinel Site, Requirement 1	Maintain eligibility to be an IIS sentinel site with at least 85% vaccine provider sites enrolled in the IIS and at least 85% of the children <19 years of age with at least two vaccinations recorded in the IIS ( at least 20,000 children <19 years of age for capacity-level and 200,000 for implementation-level funding).	85%

#### Grantee Activities:

Id	Activity Description	Timeline
1	Implement vaccine inventory mgt. module.	12/31/2009
2	Implement MCIR clinical record; Train users in their operation.	12/31/2009

**2009-0049: differences between MCIR and NIS coverage estimates using data from the NIS-registry study.**

**Total Budget: \$6,716**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team Kyle Enger will assess the differences between MCIR and NIS coverage estimates using data from the NIS-registry study.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 31, 2008, assess the differences between MCIR and NIS coverage estimates using data from the NIS-registry study.
<b>Evaluation Measure:</b>	Difference between coverage measures in Research Development Data and MCIR-based samples.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 3, Program Requirement 3.2	Produce an annual detailed report that documents how each immunization program component demonstrates IIS data use to support immunization program activities. At a minimum, the report should describe the use of IIS data to identify areas where immunization coverage is low, assess immunization practices and coverage status, document IIS vaccination histories used to assist with the investigation of vaccine-preventable disease, describe IIS data caveats such as participation rate limitations, document number of children one dose away from being up to date, use of vaccine inventory and control data, and number of AFIX assessments done with IIS data.	50%
Sentinel Site, Requirement 4	Enhance the IIS's ability to have complete and accurate vaccination records (e.g., reduce duplicate patient and vaccine records, recruiting/training all vaccine providers, etc.).	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Collaborate with CDC and National Opinion Research Center (NORC) to sample and survey Michigan residents	12/31/2009
2	Determine whether or not NIS is overestimating MI coverage.	12/31/2009

**2009-0050: MCIR coverage estimates in the sentinel area to 80% for 4:3:1:3:3:1 series involving children between the ages of 19-35 months**

**Total Budget: \$5,816**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Beatrice Salada will increase the percent of MCIR coverage estimates in the sentinel area to 80% for 4:3:1:3:3:1 series involving children between the ages of 19-35 months from 72% to 80%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By 2012 Improve MCIR coverage estimates in the sentinel area to 80% for 4:3:1:3:3:1 series in ages 19-35m
<b>Evaluation Measure:</b>	Coverage estimates according to the quarterly reports are 80% or higher.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 3, Program Requirement 3.3	Conduct an evaluation of the IIS operations and subject data to an independent objective analysis (e.g., review of IIS operations and data by third party assessments to certify readiness, evaluate selected measures of data quality, or use of the data in a regional or national analysis.)	50%
Sentinel Site, Requirement 1	Maintain eligibility to be an IIS sentinel site with at least 85% vaccine provider sites enrolled in the IIS and at least 85% of the children <19 years of age with at least two vaccinations recorded in the IIS ( at least 20,000 children <19 years of age for capacity-level and 200,000 for implementation-level funding).	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Refine Moved or Gone Elsewhere (MOGE) process	12/31/2009
2	Link with nearby IISs (WI, IN, IL, OH)	12/31/2009
3	Continue to promote MCIR use and train providers	12/31/2009

4	MOGE presently at provider and coordinator level bring to LHD level.	12/31/2009
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**2009-0051: use of the Influenza Vaccine Exchange Network (IVEN) in MCIR to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur**
**Total Budget: \$11,376**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team - Rachel Potter will promote the use of the Influenza Vaccine Exchange Network (IVEN) in MCIR to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Maintain and promote the use of the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur
<b>Evaluation Measure:</b>	Maintain and promote the use of the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 3, Program Requirement 3.4	Update and implement a business plan for the IIS.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Promote the use of IVEN on MCIR, in INE and PPE modules; on the Michigan.gov/flu web page; in the weekly FluBytes, the immunization newsletter, the local liaison report, and other communications.	12/31/2009

**2009-0052: adult immunization provider participation levels in MCIR to 70% by 2010.**
**Total Budget: \$432,159**


<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Kyle Enger will increase the percent of adult immunization provider participation levels in MCIR to 70% by 2010. from 46% to 70%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	adult immunization provider participation levels in MCIR to 70% by 2010.
<b>Evaluation Measure:</b>	Monitor adult immunization providers participation levels on a quarterly basis. Monitor on a quarterly basis the timeliness of entry of adult immunizations.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 3, Program Requirement 3.5	Implement and maintain IIS in accordance with the National Vaccine Advisory Committee functional recommendation/standards of operation.	50%
Chapter 9: Epidemiology and Surveillance	The role of immunization programs in VPD surveillance varies considerably from state to state, with many immunization programs sharing this responsibility to a greater or lesser degree with other organizational sections, branches, or divisions responsible for general communicable disease control or epidemiology. However, to meet the national disease elimination objectives established for VPD surveillance, activities will need to be intensified and enhanced. With many VPDs at all time low levels, the involvement of immunization program management and staff will be essential to assure complete case identification and thorough case investigation.	25%
Sentinel Site, Requirement 1	Maintain eligibility to be an IIS sentinel site with at least 85% vaccine provider sites enrolled in the IIS and at least 85% of the children <19 years of age with at least two vaccinations recorded in the IIS ( at least 20,000 children <19 years of age for capacity-level and 200,000 for implementation-level funding).	25%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	MCIR Regions will work to increase provider participation, training, help desk, and data quality support	12/31/2009
2	Regions will monitor and train providers to enter data within 72 hours after administration to meet the current state	12/31/2009



	registry law and to increase the timeliness of data by five percent annually.	
3	Create an adult immunization provider recruitment plan to include benchmarks of number of providers to be trained each year per region.	12/31/2009

**2009-0053: (proportion of ) regularly reporting sentinels by 5%.****Total Budget: \$11,376**

<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Sentinel Site Epidemiologist will increase the percent of (proportion of ) regularly reporting sentinels by 5%. from 53% to 58%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase the proportion of regularly reporting sentinels by 5%.
<b>Evaluation Measure:</b>	Measure the number of training sessions conducted; assess training evaluations; Measure the number of site visits; Measure the number of free registrations accepted by regular reporters; Publication / presentation of survey results. BASELINE: Between MMWR weeks 200740 and 200827, 53% of enrolled sentinels reported regularly

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.6	Additional Recommended Activities	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Develop a training module with CME credit to be used at office staff meetings for newly enrolled and poorly compliant sites;	12/31/2009
2	Offer site visits to poorly compliant sites to train staff, promote reporting	12/31/2009
	Conduct a survey of enrolled sentinels to identify barriers to regular reporting and characteristics of successful	12/31/2009

3	sentinel sites	
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**2009-0054: completion rate of post-vaccination testing****Total Budget: \$48,027**

<b>SMART Objective Statement</b>	By 12/31/2009, Sallie Pray/Marcy Smith will increase the percent of completion rate of post-vaccination testing from 82 to 83. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	completion rate of post-vaccination testing
<b>Evaluation Measure:</b>	Data for 2006 (reported to CDC April 2008) 98% received both HBIG and hepatitis B vaccine within 1 calendar day of birth; 85% received HBIG and a complete hepatitis B series by 8 months of age; 92% received HBIG and a complete hepatitis B series by 12 months of age; 82% received post-vaccination serology.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 5, Program Requirement 5.2	Conduct case management of all identified infants at risk of acquiring perinatal hepatitis B infection which includes: a. administration of appropriate immunoprophylaxis is administered to all infants born to HBsAg-positive women [including hepatitis B immune globulin (HBIG), hepatitis B vaccine birth dose, and complete vaccine series] and b. completion of post-vaccination serologic testing of all infants born to HBsAg-positive women and reporting of all HBsAg-positive infants to CDC through the National Notifiable Disease Surveillance System (NNDSS).	80%
Chapter 5, Program Requirement 5.3	Evaluate completeness of identification of HBsAg-positive pregnant women, case management, reporting of HBsAg-positive infants, and appropriate care of infants born to HBsAg-unknown status mothers based on methodology provided by CDC.	20%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Two case managers will continue to provide case management services to all infants identified as being born to HBsAg positive women. They will continue to provide program education and will continue to work with local health departments, laboratories, hospitals, and medical providers to collaborate efforts for improved case completion.	12/31/2009

**2009-0055: quarterly core data element reports to CDC.****Total Budget: \$3,865**

<b>SMART Objective Statement</b>	By 12/31/2009, Kenneth Onye/Pat Fineis will submit the quarterly core data element reports to CDC.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Submit quarterly core data element reports (PHBP) to CDC.
<b>Evaluation Measure:</b>	Submission of quarterly reports. In 2008, program staff modified existing program reporting forms to include the new core data elements and developed a database to capture this data. Core data element collection began 4/1/08.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Enhanced Peri HPV, Requirement 1	Optimize Perinatal Case Management.	50%
Enhanced Peri HPV, Requirement 2	Assess completeness of identification of HBsAg-positive pregnant women.	45%
Enhanced Peri HPV, Requirement 3	Optimize secondary prevention activities.	5%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	The Enhanced Perinatal Hepatitis B Data Analyst and our two case managers will continue to collect the core data elements and will continue to enter this data into the new enhanced database. The program coordinator will submit quarterly reports to CDC	

**2009-0056: increase identification of infants born to HBsAg-positive women by 1%,**

targeting five SE Michigan counties that are under-reporting based on CDC point estimates.

**Total Budget: \$26,414**

<b>SMART Objective Statement</b>	By 12/31/2009, Kenneth Onye/Pat Fineis will increase the percent of increase identification of infants born to HBsAg-positive women by 1%, targeting five SE Michigan counties that are under-reporting based on CDC point estimates. from 187 to 189. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	increase identification of infants born to HBsAg-positive women by 1%, targeting five SE Michigan counties that are under-reporting based on CDC point estimates.
<b>Evaluation Measure:</b>	For the five SE targeted counties (City of Detroit, Macomb, Oakland, Washtenaw and Wayne) based on our 2007 data it is as follows: Detroit, had point estimates (PE) of 51-85, 34 births to HBsAg positive women were identified; Wayne, PE:65-91, 41 births; Washtenaw, PE:33-43, 30 births; Oakland, PE:89-120, 48 births; Macomb, PE:40-57, 34 births.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Enhanced Peri HPV, Requirement 1	Optimize Perinatal Case Management.	20%
Enhanced Peri HPV, Requirement 2	Assess completeness of identification of HBsAg-positive pregnant women.	70%
Enhanced Peri HPV, Requirement 3	Optimize secondary prevention activities.	10%

#### Grantee Activities:

Id	Activity Description	Timeline
1	The PHBPP team and the enhanced data analyst will develop a process to compare hospital laboratory results of HBsAg positive women of child-bearing age to the communicable disease reporting system (MDSS) to ensure completeness of reporting. The surveillance specialist will monitor the new field on the electronic birth certificate	12/31/2009

(EBC) records for "infections present and/or treated during this pregnancy" to ensure accuracy of hepatitis reporting and to identify unreported cases.	
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<b>2009-0057: Provide to at least 10 prenatal care providers increased awareness, education and strengthened relationships with the PHBPP.</b>	<b>Total Budget: \$26,414</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Kenneth Onye/Pat Fineis will provide the Provide to at least 10 prenatal care providers increased awareness, education and strengthened relationships with the PHBPP.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	enhance awareness, education and strengthen relationships between the PHBPP and at least 10 prenatal care providers.
<b>Evaluation Measure:</b>	Number of contacts with prenatal providers. In 2007, 526 OB/GYNs were mailed a survey and were provided policies and procedures for testing and reporting hepatitis B, HIV, syphilis and rubella. Also, a record review process was developed and piloted at two practices

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Enhanced Peri HPV, Requirement 1	Optimize Perinatal Case Management.	20%
Enhanced Peri HPV, Requirement 2	Assess completeness of identification of HBsAg-positive pregnant women.	40%
Enhanced Peri HPV, Requirement 3	Optimize secondary prevention activities.	40%

#### Grantee Activities:

Id	Activity Description	Timeline
1	The PHBPP staff will conduct OB/GYN chart reviews and feedback for interested practices based on the 2007 survey. The program coordinator with team input will develop and pilot a perinatal educational program specific for OB/GYNs requesting additional information on hepatitis B, HIV, syphilis and rubella.	12/31/2009

<b>2009-0058: provide feedback on the Universal Hepatitis B Prevention Program to 100% of birthing hospitals.</b>	<b>Total Budget: \$21,743</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Kenneth Onye/Pat Fineis will monitor the provide feedback on the Universal Hepatitis B Prevention Program to 100% of birthing hospitals.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Monitor and provide feedback on the Universal Hepatitis B Prevention Program to 100% of birthing hospitals.
<b>Evaluation Measure:</b>	Report to each birthing hospital the birth dose coverage rate. In 2007, the state-wide hepatitis B birth dose rate was 80%.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Enhanced Peri HPV, Requirement 1	Optimize Perinatal Case Management.	50%
Enhanced Peri HPV, Requirement 3	Optimize secondary prevention activities.	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	The program coordinator in collaboration with the enhanced data analyst will provide quarterly feedback to birthing hospitals on their hepatitis B birth dose rates. The team will submit an article for publication recognizing birth dose rates in state-wide newsletters. The enhanced data analyst and program coordinator will work with hospitals with rates below 80% and those who have had a 5% decrease in their birth dose coverage level rates to ensure rates are correct and identify strategies for improvement.	12/31/2009

**2009-0059: MDCH VPD Investigation Guidelines, revise chapters as needed, and post revisions to the Immunization web site for access by LHDs and providers.**

**Total Budget: \$22,637**


<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will review the MDCH VPD Investigation Guidelines, revise chapters as needed, and post revisions to the Immunization web site for access by LHDs and providers.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	review the MDCH VPD Investigation Guidelines, revise chapters as needed, and post revisions to the Immunization web site for access by LHDs and providers.
<b>Evaluation Measure:</b>	Measure of progress toward this objective will be: number chapters reviewed, number revisions posted to MDCH immunization web site

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.1	Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases."	80%
Chapter 9, Program Requirement 9.2	For routine reporting, collaborate with appropriate staff to submit timely and complete electronic case/death reports to CDC for cases of VPDs designated as reportable by the Council of State and Territorial Epidemiologists (CSTE) <a href="http://www.cdc.gov/epo/dphsi/nndsshis.htm">http://www.cdc.gov/epo/dphsi/nndsshis.htm</a> , including cases as described in the case confirmation status print criteria approved by CSTE <a href="http://www.cdc.gov/epo/dphsi/phs/infdis.htm">http://www.cdc.gov/epo/dphsi/phs/infdis.htm</a> , applying guidance as provided in the "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a> Outbreaks may require additional reporting elements as deemed necessary by CDC.	10%
Chapter 9, Program Requirement 9.3	Evaluate timeliness and completeness of case/death investigation and reporting, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a>	10%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	review the MDCH VPD Investigation Guidelines, revise chapters as needed, and post revisions to the Immunization web site for access by LHDs and providers.	12/31/2009

**2009-0060: surveillance on the number of reports of vaccine-preventable diseases****Total Budget: \$270,187**

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<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will conduct the surveillance on the number of reports of vaccine-preventable diseases. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Number of reports of vaccine-preventable diseases
<b>Evaluation Measure:</b>	number of VPD reports by local health departments and healthcare providers

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.1	Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases."	50%
Chapter 9, Program Requirement 9.2	For routine reporting, collaborate with appropriate staff to submit timely and complete electronic case/death reports to CDC for cases of VPDs designated as reportable by the Council of State and Territorial Epidemiologists (CSTE) <a href="http://www.cdc.gov/epo/dphsi/nndsshis.htm">http://www.cdc.gov/epo/dphsi/nndsshis.htm</a> , including cases as described in the case confirmation status print criteria approved by CSTE <a href="http://www.cdc.gov/epo/dphsi/phs/infdis.htm">http://www.cdc.gov/epo/dphsi/phs/infdis.htm</a> , applying guidance as provided in the "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a> Outbreaks may require additional reporting elements as deemed necessary by CDC.	40%
Chapter 9, Program Requirement 9.3	Evaluate timeliness and completeness of case/death investigation and reporting, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a>	10%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	work with LHD and health provider partners using established reporting and disease monitoring systems, and assist in public health response interventions.	12/31/2009

**2009-0061: program staff in maintaining and promoting the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should**

**Total Budget: \$4,550**



**shortages or maldistribution occur**

<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Epi will assist the program staff in maintaining and promoting the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	assist program staff in maintaining and promoting the Influenza Vaccine Exchange Network (IVEN) to facilitate redistribution of non-VFC influenza vaccine, should shortages or maldistribution occur
<b>Evaluation Measure:</b>	Assess the number of doses available or needed throughout the flu season; Monitor who is using IVEN

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 3, Program Requirement 3.6	Additional Recommended Activities	5%
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	95%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Promote the use of IVEN on MCIR, in INE and PPE modules; on the Michigan.gov/flu web page; in the weekly FluBytes, the immunization newsletter, the local liaison report, and other communications	

**2009-0062: seasonal, avian, and pandemic influenza web pages, and ensure they are maintained**
**Total Budget: \$30,807**


<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Epidemiologist will update the seasonal, avian, and pandemic influenza web pages, and ensure they are maintained. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	maintain updated seasonal, avian, and pandemic influenza web pages
<b>Evaluation Measure:</b>	Monitor monthly number of page views; Respond to feedback regarding the website Baseline: www.michigan.gov/flu received over 7,000 hits between January 1 and June 30, 2008

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Include a link to Michigan.gov/flu in flu educational materials and promote the web site in written and oral presentations on seasonal, avian, and pandemic influenza	12/31/2009
2	Promote use of site by partners and general public	12/31/2009
3	Evaluate page usage patterns using SurfAid software	12/31/2009

**2009-0063: VPD reports in 2009 Reports will be analyzed and summarized by VPD surveillance coordinator by 03/31/2010**

**Total Budget: \$34,013**

<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will produce the VPD reports in 2009 Reports will be analyzed and summarized by VPD surveillance coordinator by 03/31/2010. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	VPD reports in 2009 Reports will be analyzed and summarized by VPD surveillance coordinator by 03/31/2010
<b>Evaluation Measure:</b>	Publication and promulgation of a document entitled, "Summary of Vaccine Preventable Diseases Reported to MDCH, 2009." by 03/31/2010

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.1	Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases."	50%
Chapter 9, Program Requirement 9.2	For routine reporting, collaborate with appropriate staff to submit timely and complete electronic case/death reports to CDC for cases of VPDs designated as reportable by the Council of State and Territorial Epidemiologists (CSTE) <a href="http://www.cdc.gov/epo/dphsi/nndsshis.htm">http://www.cdc.gov/epo/dphsi/nndsshis.htm</a> , including cases as described in the case confirmation status print criteria approved by CSTE <a href="http://www.cdc.gov/epo/dphsi/phs/infdis.htm">http://www.cdc.gov/epo/dphsi/phs/infdis.htm</a> , applying guidance as provided in the "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a> Outbreaks may require additional reporting elements as deemed necessary by CDC.	40%
Chapter 9, Program Requirement 9.3	Evaluate timeliness and completeness of case/death investigation and reporting, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a>	10%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Collaborate with surveillance partners, develop guidance for use of MCIR for immunization histories, transmit data and supplemental surveillance data via Michigan Disease Surveillance System (MDSS)	03/31/2010

**2009-0064: enrollments in the Michigan component of the CDC U.S. Influenza Sentinel Provider Surveillance Network to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties**

**Total Budget: \$3,667**


<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Sentinel Epidemiologist will increase the number of enrollments in the Michigan component of the CDC U.S. Influenza Sentinel Provider Surveillance Network to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties from 59% to 64%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	have increased enrollment in the Michigan component of the CDC U.S. Influenza Sentinel Provider Surveillance Network to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties
<b>Evaluation Measure:</b>	Regularly assess the number of enrolled sentinels and the counties they represent Baseline: Forty-nine of 83 (59%) counties have enrolled a sentinel; 40% have at least one regularly reporting site. Seventy-seven counties have less than 250,000 population; 27 (35%) have at least one regularly reporting site. Seven counties have population $\geq$ 250,000; 2 (29%) have one regularly reporting sentinel / 250,000 pop

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.6	Additional Recommended Activities	35%
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	65%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Promote the influenza sentinel surveillance program in MDCH and partner publications	12/31/2009
2	Encourage MDCH staff to recruit new providers	12/31/2009
3	Encourage LHD staff to recruit new providers via established quarterly communications on the sentinel program, the Local Liason Report, and MDCH Immunization Update newsletter.	12/31/2009
4	Promote the influenza sentinel program at MDCH Regional Immunization Conferences	12/31/2009
5	Facilitate LHD awareness of sentinel enrollment and reporting by maintaining a directory and updated database in a LHD Folder on the Michigan Health Alert Network	12/31/2009

**2009-0065: surveillance quality through a review of surveillance indicators for 2008 VPD cases.**

**Total Budget: \$22,637**

<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will assess the surveillance quality through a review of surveillance indicators for 2008 VPD cases.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	surveillance quality through a review of surveillance indicators for 2008 VPD cases.
<b>Evaluation Measure:</b>	report on completion of surveillance indicator analyses

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.2	For routine reporting, collaborate with appropriate staff to submit timely and complete electronic case/death reports to CDC for cases of VPDs designated as reportable by the Council of State and Territorial Epidemiologists (CSTE) <a href="http://www.cdc.gov/epo/dphsi/nndsshis.htm">http://www.cdc.gov/epo/dphsi/nndsshis.htm</a> , including cases as described in the case confirmation status print criteria approved by CSTE <a href="http://www.cdc.gov/epo/dphsi/phs/infdis.htm">http://www.cdc.gov/epo/dphsi/phs/infdis.htm</a> , applying guidance as provided in the "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a> Outbreaks may require additional reporting elements as deemed necessary by CDC.	10%
Chapter 9, Program Requirement 9.3	Evaluate timeliness and completeness of case/death investigation and reporting, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a>	90%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	extract annual datasets for each VPD from MDSS, analyze using CDC-defined surveillance indicators	04/30/2009

**2009-0066: basic level and completeness of case-based varicella reporting in 2009 by analyzing the proportion of varicella case reports that include age, immunization history, and disease severity**

**Total Budget: \$15,869**

<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will assess the basic level and completeness of case-based varicella reporting in 2009 by analyzing the proportion of varicella case reports that include age, immunization history, and disease severity. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	basic level and completeness of case-based varicella reporting in 2009 by analyzing the proportion of varicella case reports that include age, immunization history, and disease severity
<b>Evaluation Measure:</b>	Descriptive analysis of varicella cases with respect to age, immunization history, and disease history

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.1	Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases."	50%
Chapter 9, Program Requirement 9.2	For routine reporting, collaborate with appropriate staff to submit timely and complete electronic case/death reports to CDC for cases of VPDs designated as reportable by the Council of State and Territorial Epidemiologists (CSTE) <a href="http://www.cdc.gov/epo/dphsi/nndsshis.htm">http://www.cdc.gov/epo/dphsi/nndsshis.htm</a> , including cases as described in the case confirmation status print criteria approved by CSTE <a href="http://www.cdc.gov/epo/dphsi/phs/infdis.htm">http://www.cdc.gov/epo/dphsi/phs/infdis.htm</a> , applying guidance as provided in the "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a> Outbreaks may require additional reporting elements as deemed necessary by CDC.	20%
Chapter 9, Program Requirement 9.3	Evaluate timeliness and completeness of case/death investigation and reporting, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a>	30%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Extract calendar year varicella datasets, analyze data by 01/31/2010, promote need and education for varicella	01/31/2010

case-based reporting	
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**2009-0067: two free MDCH regional immunization conference registrations (\$50 value) to each regularly reporting influenza sentinel site**

**Total Budget: \$870**

<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Sentinel Site Epidemiologist will provide the two free MDCH regional immunization conference registrations (\$50 value) to each regularly reporting influenza sentinel site. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	two free MDCH regional immunization conference registrations (\$50 value) to each regularly reporting influenza sentinel site
<b>Evaluation Measure:</b>	Measure number of free conference registrations offered and proportion redeemed. BASELINE Fifty-one sites received free MDCH regional immunization conference registrations for reporting regularly during the 2007-08 flu season.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.6	Additional Recommended Activities	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Promote free conference registration in influenza sentinel guidance documents, training module, and all other promotions	

**2009-0068: (proportion of) sentinel reports received on time (no later than 3 days after the week ending date) by 5%.**

**Total Budget: \$11,376**


<b>SMART Objective Statement</b>	By 12/31/2009, Influenza Sentinel Site Epidemiologist will increase the percent of (proportion of) sentinel reports received on time (no later than 3 days after the week ending date) by 5%. from 46% to 51%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	have increased the proportion of sentinel reports received on time (no later than 3 days after the week ending date) by 5%.
<b>Evaluation Measure:</b>	Measure the proportion of reports received on time; Baseline: Between MMWR weeks 200740 and 200828, 862/1881 (46%) of reports arrived 3 or less days after the week ending date; 66% arrived 7 days or less after the week ending date

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.6	Additional Recommended Activities	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Fax and email weekly reporting reminders on Mondays	12/31/2009

**2009-0069: line list of varicella outbreaks that occurred in 2009 and report to CDC on its Varicella Outbreak Report Worksheet.**

**Total Budget: \$22,695**

<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will create the line list of varicella outbreaks that occurred in 2009 and report to CDC on its Varicella Outbreak Report Worksheet.. Work on this objective will begin on 01/01/2009.



<b>Objective Name:</b>	VPD surveillance coordinator will create a line list of varicella outbreaks that occurred in 2009 and report to CDC on its Varicella Outbreak Report Worksheet.
<b>Evaluation Measure:</b>	list of varicella outbreaks by 03/31/2010

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.1	Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases."	50%
Chapter 9, Program Requirement 9.2	For routine reporting, collaborate with appropriate staff to submit timely and complete electronic case/death reports to CDC for cases of VPDs designated as reportable by the Council of State and Territorial Epidemiologists (CSTE) <a href="http://www.cdc.gov/epo/dphsi/nndsshis.htm">http://www.cdc.gov/epo/dphsi/nndsshis.htm</a> , including cases as described in the case confirmation status print criteria approved by CSTE <a href="http://www.cdc.gov/epo/dphsi/phs/infdis.htm">http://www.cdc.gov/epo/dphsi/phs/infdis.htm</a> , applying guidance as provided in the "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a> Outbreaks may require additional reporting elements as deemed necessary by CDC.	25%
Chapter 9, Program Requirement 9.3	Evaluate timeliness and completeness of case/death investigation and reporting, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases." <a href="http://www.cdc.gov/nip/publications/surv-manual/default.htm">http://www.cdc.gov/nip/publications/surv-manual/default.htm</a>	25%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	devise a varicella outbreak database, educate partners on need for reporting, summarize annually	03/31/2010

**2009-0070: comprehensive immunization information and ensure it is available to Michigan residents**

**Total Budget: \$23,441**


<b>SMART Objective Statement</b>	By 12/31/2009, Rosemary Franklin will disseminate the comprehensive immunization information and ensure it is available to Michigan residents. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	ensure that comprehensive immunization information is available to Michigan residents
<b>Evaluation Measure:</b>	# of page views of each brochure; # of brochures distributed through clearinghouse; # individual orders for brochures placed through clearinghouse; MDCH website is up to date and user-friendly; Targeted immunization brochures are available for every age group; Baseline (inserted after the 2008 annual report is completed): # of Page Views of individual immunization brochures on Division website; # brochures distributed through clearinghouse; # individual orders for brochures placed through clearinghouse

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 8, Program Requirement 8.3	Additional Recommended Activities	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Ensure that each brochure is periodically reviewed for its accuracy and relevance	12/31/2009
2	Ensure that the MDCH Division of Immunization website is updated and user-friendly	12/31/2009
3	Promote the availability of the Division's brochures through communications with consumers	12/31/2009
4	Create awareness of available immunization resources – brochures, newsletters, posters, campaigns	12/31/2009
5	Engage in efforts to make stakeholders and general public aware of reliable sources of information available on immunizations	12/31/2009

**2009-0071: initial draft of state guidelines and recommendations regarding the possible use of exclusion of susceptibles as a control measure for varicella outbreaks in schools and day care settings.**

**Total Budget: \$3,306**

<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will develop the initial draft of state guidelines and recommendations

	regarding the possible use of exclusion of susceptibles as a control measure for varicella outbreaks in schools and day care settings.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	draft state guidelines and recommendations regarding the possible use of exclusion of susceptibles as a control measure for varicella outbreaks in schools and day care settings.
<b>Evaluation Measure:</b>	feedback from stakeholders, development of guidance by 12/31/2010

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 9, Program Requirement 9.1	Implement and maintain surveillance systems to investigate and document cases and outbreaks of vaccine-preventable diseases, in accordance with CDC's "Manual for Surveillance of Vaccine-Preventable Diseases."	75%
Chapter 9, Program Requirement 9.6	Additional Recommended Activities	25%

**Grantee Activities:**

Id	Activity Description	Timeline
1	assess disease incidence, assess LHDs for feasibility of exclusions from school and workload demands	12/31/2010

**2009-0072: quality of communication with immunization providers****Total Budget: \$96,264**

<b>SMART Objective Statement</b>	By 12/31/2009, Rosemary Franklin will facilitate the quality of communication with immunization providers. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	improve the quality of communication with immunization providers
<b>Evaluation Measure:</b>	# of page views of each brochure; # of brochures distributed through clearinghouse; # hits to the Division of Immunization website (home page). MDCH website is up to date and user-friendly; # immunization education sessions in office settings; # immunization physician peer education programs; # hits to AIM TK website and # hard copy kits distributed; Analyze conference evaluations and # of conference attendees # of articles submitted to professional organizations for

publication; Revise layout of FluBytes & MI Immunization Update as needed; Develop FluBytes & MI Immunization Update satisfaction surveys; # of times immunization information was sent to the Division of Immunization Listserv (the large listserv); The following question has been added to the IAP Report (LHD Report): "How many times did your LHD provide immunization materials at a community event?" # of hits to educational materials online order form; # of communication topics presented at meetings, conference calls, conferences, etc. # of immunization partners on listserv. # of e-mails sent out to immunization listserv. Baseline (need 2008 year-end information): # of Page Views of each brochure; # of brochures distributed through clearinghouse; # hits to the Division of Immunization website (home page). # immunization education sessions in office settings; # immunization physician peer education programs; 312,178 hits and 5,663 views to AIM TK website from January to June 2008 and 4,900 hard copy kits distributed from January to June 2008; 1,645 attendees at fall regional conferences and 175 attendees at adolescent immunization conference; positive evaluations for both; Contribute articles to 14 partner organization publications; 2006 FluBytes satisfaction survey; Over 1,000 HCP receive FluBytes on a weekly basis; MI Immunization Update satisfaction survey; Over 4,700 HCP receive newsletter on a quarterly basis. 2008 IAP Report 4,400 hard copy Flu Fighter

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 8, Program Requirement 8.2	Distribute VIS and CDC's online instructions for their use to ensure proper use of VIS in accordance with the National Childhood Vaccine Injury Act (section 2126 of the Public Health Service Act, 42 U.S.C. section 300aa-26).	10%
Chapter 8, Program Requirement 8.3	Additional Recommended Activities	90%

#### Grantee Activities:

Id	Activity Description	Timeline
1	Ensure that each brochure is periodically reviewed for its accuracy and relevance	12/31/2009
2	Promote the availability of the Division's brochures through communications with providers	12/31/2009
3	Ensure that the MDCH Division of Immunization website is updated and user-friendly	12/31/2009
4	Create awareness of available immunization resources â€” brochures, newsletters, posters, campaigns	12/31/2009
5	Maintain comprehensive immunization education programs in both the office based and physician peer education programs	12/31/2009
6	Maintain the AIM Provider Tool Kit	12/31/2009
7	Provide current, comprehensive immunization information at fall regional conferences and special topics conferences	12/31/2009

8	Maintain relationship with professional groups which may offer immunizations (i.e. pharmacists	12/31/2009
9	Routinely review and revise layout of FluBytes and MI Immunization Update newsletters, as needed.	12/31/2009
10	Create awareness of available educational materials to community vaccinators including pharmacies, corporations, nursing associations, etc	12/31/2009
11	Educate providers on how to communicate with their patients	12/31/2009
12	Emphasize the importance of testimonials when urging parents to get their children vaccinated "be a role model	12/31/2009
13	Maintain listserv of immunization partners	12/31/2009

<b>2009-0074: Vaccine Adverse Event Reporting process and reporting flow</b>	<b>Total Budget: \$36,231</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will review the Vaccine Adverse Event Reporting process and reporting flow. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Vaccine Adverse Event Reporting process and reporting flow
<b>Evaluation Measure:</b>	Meetings have been convened, review and evaluation of process is completed, plan developed and education about plan as needed

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 9, Program Requirement 9.4	Coordinate reporting and monitor the Vaccine Adverse Event Reporting System (VAERS) mandated by the National Childhood Vaccine Injury Act of 1986. The VAERS website now accepts adverse event reports in an encrypted and secure electronic transmission format and can be found at <a href="http://www.vaers.hhs.gov">www.vaers.hhs.gov</a> .	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	convene discussions with division, LHD personnel, evaluate merits of existing reporting pathways	12/31/2010

<b>2009-0075: feedback and followup of adverse events to CDC and local partners</b>	<b>Total Budget: \$37,736</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Joel Blostein will provide the feedback and followup of adverse events to CDC and local partners. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	feedback and followup of adverse events to CDC and local partners
<b>Evaluation Measure:</b>	number of cases from CDC for follow up of vaccine adverse events

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 9, Program Requirement 9.5	Follow up on all reports of serious adverse events received by the state agency (e.g., death, life-threatening illness, hospitalization and permanent disability) following immunization.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	provide prompt follow up to CDC on any adverse event in the state	12/31/2009

**2009-0076: Design and develop a Hepatitis B case management module in MCIR****Total Budget: \$35,063**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team /Pat Finies will enroll the Design and develop a Hepatitis B case management module in MCIR. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Design and develop a Hepatitis B case management module in MCIR
<b>Evaluation Measure:</b>	Monitor the development and project timelines according to the Hepatitis B project plan; Increase

the participation levels in correctional facilities and other high risk settings; This field will be added in vital Records to the new EBC system; Seek quarterly updates from Vital Records when the HBIG field will be available for use.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 3, Program Requirement 3.6	Additional Recommended Activities	100%

#### Grantee Activities:

Id	Activity Description	Timeline
1	Modify the current sickle cell case management component in MCIR to include the necessary fields to track children born to hepatitis B surface antigen-positive mothers	12/31/2009
2	Assess Hepatitis B coverage at STD, HIV, correctional, or other high-risk settings	12/31/2009
3	Include HBV and HBIG data fields in the electronic birth record or other mechanism, transferring that data to the registry during vital record uploads.	12/31/2009

**2009-0077: enroll and train 90% of licensed long term care facilities to use MCIR to track all adult immunizations on their patients.**

**Total Budget: \$11,126**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Kyle Enger will enroll the enroll and train 90% of licensed long term care facilities to use MCIR to track all adult immunizations on their patients.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 2010, enroll and train 90% of licensed long term care facilities to use MCIR to track all adult immunizations on their patients.
<b>Evaluation Measure:</b>	Increase long term care facilities participating in MCIR by 25% a year for three years. Measure annual adult pneumococcal coverage levels and influenza levels utilizing MCIR profile reports.

#### Associate to Goals:

		<b>Split</b>
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Goal - Target Capability - Critical Task	Description	%
Chapter 10, Program Requirement 10.1	Identify and monitor groups of under-immunized children, adolescents, and adults at higher risk for VPDs using immunization coverage estimates (e.g., NIS data, retrospective analysis of school immunization surveys, provider coverage assessments, IIS data, Medicare billing data, BRFSS, and cluster surveys).	40%
Sentinel Site, Requirement 5	Enhance the analytic capacity of the IIS in support of the immunization program for evaluation and epidemiologic activities. Submit ad-hoc and quarterly vaccination coverage reports and a conference abstract.	60%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Regions will recruit and train licensed long term care facilities on how to use all the functionality in MCIR	12/31/2009
2	Enhance MCIR profiles to measure adult pneumococcal coverage levels	12/31/2009

**2009-0078: MCIR's ability to track vaccines given for occupational health reasons****Total Budget: \$30,807**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Beatrice Salada will facilitate the MCIR's ability to track vaccines given for occupational health reasons. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Through December 2010, facilitate MCIR for tracking vaccines given for occupational health reasons.
<b>Evaluation Measure:</b>	Monitor the development and project timelines according to the occupational health project plan.

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 3, Program Requirement 3.3	Conduct an evaluation of the IIS operations and subject data to an independent objective analysis (e.g., review of IIS operations and data by third party assessments to certify readiness, evaluate selected measures of data quality, or use of the data in a regional or national analysis.)	25%



Chapter 3, Program Requirement 3.4	Update and implement a business plan for the IIS.	25%
Chapter 7, Program Requirement 7.2	Work with partners (e.g., Joint Commission on Accreditation of Healthcare Organizations) to increase influenza vaccination of healthcare workers.	10%
Chapter 10, Program Requirement 10.1	Identify and monitor groups of under-immunized children, adolescents, and adults at higher risk for VPDs using immunization coverage estimates (e.g., NIS data, retrospective analysis of school immunization surveys, provider coverage assessments, IIS data, Medicare billing data, BRFSS, and cluster surveys).	40%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Add TB results to MCIR	12/31/2009
2	Add assessment algorithm for Lab workers in MCIR	12/31/2009
3	Add Health Care Worker notification box in MCIR.	12/31/2009

**2009-0079: Through December 2010, continue to facilitate enhancements to MCIR to meet Public Health Information Network (PHIN) requirements.**

**Total Budget: \$22,852**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Beatrice Salada will facilitate the Through December 2010, continue to facilitate enhancements to MCIR to meet Public Health Information Network (PHIN) requirements.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Through December 2010, continue to facilitate enhancements to MCIR to meet Public Health Information Network (PHIN) requirements.
<b>Evaluation Measure:</b>	Participation on the MDCH PHIN workgroup; Monitor the development and project timelines according to the PHIN project plan at MDCH

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 3, Program Requirement 3.5	Implement and maintain IIS in accordance with the National Vaccine Advisory	10%

	Committee functional recommendation/standards of operation.	
Chapter 3, Program Requirement 3.6	Additional Recommended Activities	90%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Create a common portal through which providers authenticate and then access the registry, and other electronic communicable disease reporting system, and other public health applications.	12/31/2009

**2009-0080: By December 2010, facilitate MCIR's ability to send and retrieve HL7 messages**

**Total Budget: \$3,408**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Beatrice Salada will facilitate the By December 2010, facilitate MCIR's ability to send and retrieve HL7 messages. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 2010, facilitate MCIR's ability to send and retrieve HL7 messages
<b>Evaluation Measure:</b>	At least one successful HL7 transmission of electronic birth records submitted to MCIR; At least one successful HL7 message generated from and to State Immunization Information Systems; Number of vendors submitting data to MCIR using HL7 messaging.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 3, Program Requirement 3.5	Implement and maintain IIS in accordance with the National Vaccine Advisory Committee functional recommendation/standards of operation.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Create an HL7 message with the new vital records system	12/31/2009

2	Share HL7 messages with other state Immunization Information Systems	12/31/2009
3	Share HL7 messages with Electronic Medical Record (EMR) Vendors	12/31/2009

<b>2009-0081: the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1 series.</b>	<b>Total Budget: \$59,655</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Beatrice Salada will increase the percent of the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1 series. from 72% to 77%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 31, 2010 increase the WIC coverage level in MCIR by 5% for the 4:3:1:3:3:1 series.
<b>Evaluation Measure:</b>	Coverage level for WIC clients is ?72%

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 11: WIC-Immunization Linkage	Assessment and referral forms the basis for all WIC Immunization linkage programs, which consists of reviewing a child's immunization record to determine if he/she is up to date (UTD) with immunizations. If the WIC participant's immunizations are not UTD, the child is referred to an immunization provider, preferably at his/her primary care setting. Assessment and referral can be implemented alone, or with outreach and tracking, parental or staff incentives, or with monthly benefit issuance such as Monthly Voucher Pick-up (MVP). These and other innovative strategies are described below. In an effort to decrease the burden on WIC staff, WIC policy makes clear that assessment activities only at certification/recertification visits are a viable option, although more frequent assessments are encouraged. This policy also allows sites to base assessment and referral on a single vaccine (DTaP) instead of on multiple vaccines.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Provide LHD and WIC staff MCIR coverage assessments	12/31/2009
2	Increase Hib percentage with resolution of vaccine shortage	12/31/2009

**2009-0082: 90% of licensed long-term care facilities to use MCIR to track adult immunizations on residents. Increase participation of long-term care facilities by 25% over a three-year period**

**Total Budget: \$4,797**

<b>SMART Objective Statement</b>	By 12/31/2009, Epidemiology Team / Kyle Enger will train the 90% of licensed long-term care facilities to use MCIR to track adult immunizations on residents. Increase participation of long-term care facilities by 25% over a three-year period. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	By December 2010, enroll and train 90% of licensed long-term care facilities to use MCIR to track adult immunizations on residents. Increase participation of long-term care facilities by 25% over a three-year period
<b>Evaluation Measure:</b>	Numer of Long-Term Care faccilities registered in MCIR as of June 30, 2008

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Sentinel Site, Requirement 5	Enhance the analytic capacity of the IIS in support of the immunization program for evaluation and epidemiologic activities. Submit ad-hoc and quarterly vaccination coverage reports and a conference abstract.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	MCIR regions will recruit and train long-term care facilities to use MCIR	12/31/2009

2	MCIR profile reports will be expanded to include adult pneumococcal vaccine coverage	12/31/2009
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<b>2009-0083: lot &amp; manufacturer fields are 90% complete for children less than one year of age</b>	<b>Total Budget: \$10,551</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Therese Hoyle / Kyle Enger will assess the lot & manufacturer fields are 90% complete for children less than one year of age. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	lot & manufacturer fields are 90% complete for children less than one year of age
<b>Evaluation Measure:</b>	As of 6/30/2008, percentage of children less than one year of age: Mfr.: 46.3% Lot: 39.3%

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Sentinel Site, Requirement 2	Enhance the IIS's ability to electronically store data on all NVAC-approved core data elements (including vaccine lot number and manufacturer).	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Implement vaccine inventory management module	12/31/2009
2	Implement MCIR clinical record. Train users in operation	12/31/2009

<b>2009-0084: timeliness of immunization date entered within 14 days to 95% concerning children 3 months to six years per sentinel site quarterly reports</b>	<b>Total Budget: \$1,200</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Kyle Enger will increase the percent of timeliness of immunization date entered within 14 days to 95% concerning children 3 months to six years per sentinel site quarterly reports from 92% to 95%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Improve timeliness of immunization date entered within 14 days to 95% concerning children 3 months to six years per sentinel site quarterly reports
<b>Evaluation Measure:</b>	2008 Q1: 92%

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 1, Program Requirement 1.1	Document the process used by grantees to meaningfully engage American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native Villages and Corporations located within their boundaries in immunization activities. Grantees must coordinate immunization program planning and implementation with tribal/638 health clinics, the Indian Health Service (IHS), and other entities that provide medical services to American Indian/Alaska Native (AI/AN) populations. This may include the sharing of resources awarded under this grant.	50%
Sentinel Site, Requirement 1	Maintain eligibility to be an IIS sentinel site with at least 85% vaccine provider sites enrolled in the IIS and at least 85% of the children <19 years of age with at least two vaccinations recorded in the IIS ( at least 20,000 children <19 years of age for capacity-level and 200,000 for implementation-level funding).	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Promote flagging of historical data by users	12/31/2009
2	Promote compliance of providers with Michigan's legal timeframe of reporting immunizations to MCIR within 72 hours of administration	12/31/2009

**2009-0085: timeliness of data entry into MCIR to 95% concerning immunizations administered to adolescents in the previous three months**
**Total Budget: \$1,450**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team Kyle Enger - MCIR Regional Team will increase the percent of timeliness of data entry into MCIR to 95% concerning immunizations administered to adolescents in the previous three months from 92% to 95%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Increase timeliness of data entry in MCIR to 95% concerning immunizations administered in the past three months to adolescents
<b>Evaluation Measure:</b>	2008 Q1: 11-12y: 94% 13-15y: 94% 16-18y: 93% The number of historical immunizations entered into MCIR has increased on a yearly basis from 630,631 in 2003 to 934,759 in 2007.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Sentinel Site, Requirement 3	Enhance the IIS's ability to receive and process immunization information within one month (30 days) of vaccine administration.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Promote flagging of historical data by users	12/31/2009
2	Historical data shall be excluded from timeliness calculations	12/31/2009

**2009-0086: annual adult pneumococcal and influenza coverage levels using MCIR profile reports and other means.**
**Total Budget: \$83,032**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Kyle Enger - Raechel Potter - MCIR Technical Team will assess the annual adult pneumococcal and influenza coverage levels using MCIR profile reports and other means.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Measure annual adult pneumococcal & influenza coverage levels using MCIR profile reports and other means.
<b>Evaluation Measure:</b>	Per 2007 Behavioral Risk Factor Surveillance System, 71% & 63% of individuals 65 years age or older had received influenza and pneumonia vaccine (respectively) in the past year. 57% of individuals between the ages of 20-83 reflected in MCIR as of 7/19/2008 had received one or more immunizations for influenza in the past year

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Sentinel Site, Requirement 5	Enhance the analytic capacity of the IIS in support of the immunization program for evaluation and epidemiologic activities. Submit ad-hoc and quarterly vaccination coverage reports and a conference abstract.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Implement influenza and pneumococcal coverage in the profile reports that MCIR can generate	12/31/2009
2	Query MCIR to examine influenza and pneumococcal vaccine administration trends.	12/31/2009

<b>2009-0087: decrease in duplicate person records to 0.5%</b>	<b>Total Budget: \$7,700</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Epidemiology Team / Kyle Enger - Pat Vranesich will assess the decrease in duplicate person records to 0.5%. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Decrease duplicate person records to 0.5%
<b>Evaluation Measure:</b>	% of patient records in MCIR that are unresolved duplicates

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Sentinel Site, Requirement 4	Enhance the IIS's ability to have complete and accurate vaccination records (e.g., reduce duplicate patient and vaccine records, recruiting/training all vaccine providers, etc.).	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	MCIR regions will continue to manually assess duplicate pairs.	12/31/2009
2	Implementation of automated de-duplication may be further investigated in 2009.	12/31/2009

**2009-0088: number of duplicate shot records in MCIR and decrease by at least 10% every year**

**Total Budget: \$5,800**

<b>SMART Objective Statement</b>	By 12/31/2009, MCIR Team / Therese Hoyle will assess the number of duplicate shot records in MCIR and decrease by at least 10% every year. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	To assess the number of duplicate shot records in MCIR and decrease by at least 10% every year
<b>Evaluation Measure:</b>	Complete an algorithm in MCIR to allow for automated vaccine de-duplication and measure the number of duplicate shots in MCIR every six months

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Sentinel Site, Requirement 4	Enhance the IIS's ability to have complete and accurate vaccination records (e.g., reduce duplicate patient and vaccine records, recruiting/training all vaccine providers, etc.).	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	MCIR will implement the automated vaccine de-duplication algorithm as described in the MIROW Vaccine Level Deduplication in Immunization Information Systems document	12/31/2009
2	Regional staffs will de-duplicate shots within their jurisdictions	12/31/2009
3	MCIR data quality working group will determine shot de-duplication rules with recommendations to MDCH to enhance automation of the shot de-duplication process.	12/31/2009

**2009-0089: Employ an additional full-time summer intern epidemiology student to assess MCIR data**

**Total Budget: \$15,000**

<b>SMART Objective Statement</b>	By 12/31/2009, Epidemiology Team / Kyle Enger - Pat Vranesich - Erin Rees will assess the Employ an additional full-time summer intern epidemiology student to assess MCIR data. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Employ an additional full-time summer intern epidemiology student to assess MCIR data
<b>Evaluation Measure:</b>	Interview & hire summer intern 2009. Completion of scholastic project of publishable value

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Sentinel Site, Requirement 6	Participate in IIS sentinel site conference calls and meetings.	100%

**Grantee Activities:**

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<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Interview prospective students	12/31/2009
2	Oversee & support data analysis by the student	12/31/2009
3	Continue working with the student regarding their capstone project during the 2nd year of their MPH.	12/31/2009
4	Participate in sentinel site conference calls and meetings	12/31/2009

<b>2009-0090: Tdap uptake levels in MI</b>	<b>Total Budget: \$11,376</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Epidemiology Team / Kyle Enger will document the Tdap uptake levels in MI. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Describe & publish Tdap uptake levels in MI and AZ
<b>Evaluation Measure:</b>	Publication of a peer-reviewed manuscript will be completed.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Sentinel Site, Requirement 7	Submit a journal article to a peer-reviewed journal based on sentinel site data orÂ recent IIS efforts for each budget period. IIS or immunization program staff or their designees should be the primary authors and be responsible for data analysis, data interpretation, and manuscript preparation.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Collaborate with CDC on data analysis and manuscript writing	12/31/2009

<b>2009-0091: characteristics of immunization waivers in Michigan</b>	<b>Total Budget: \$24,652</b>
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<b>SMART Objective Statement</b>	By 12/31/2009, Epidemiology Team / Kyle Enger will assess the characteristics of immunization waivers in Michigan. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Determine and publish characteristics of immunization waivers in Michigan
<b>Evaluation Measure:</b>	Publication of a peer-reviewed manuscript

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Sentinel Site, Requirement 7	Submit a journal article to a peer-reviewed journal based on sentinel site data orÂ recent IIS efforts for each budget period. IIS or immunization program staff or their designees should be the primary authors and be responsible for data analysis, data interpretation, and manuscript preparation.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Perform descriptive analysis on individual-level immunization waiver data by vaccine type, from the 2005-2006 and 2006-2007 school years	12/31/2009

**2009-0092: risk factors associated with time period prior to first immunization****Total Budget: \$11,376**

<b>SMART Objective Statement</b>	By 12/31/2009, Epidemiology Team / Kyle Enger will disseminate the risk factors associated with time period prior to first immunization. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Publication of a peer-reviewed manuscript

<b>Evaluation Measure:</b>	Publication of a peer-reviewed manuscript
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**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Sentinel Site, Requirement 7	Submit a journal article to a peer-reviewed journal based on sentinel site data orÂ recent IIS efforts for each budget period. IIS or immunization program staff or their designees should be the primary authors and be responsible for data analysis, data interpretation, and manuscript preparation.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Preparation of data involving urban/rural status, race/ethnicity, interaction terms, time-dependent covariates (e.g., WIC and Medicaid status).	12/31/2009
2	Evaluation of risk factors using multivariate Cox regression models	12/31/2009

**2009-0093: kindergartners, new entrants to a school district, and 6th grade students in public and private schools in November and February of each year**

**Total Budget: \$31,178**

<b>SMART Objective Statement</b>	By 12/31/2009, Jacquelyn Jones will assess the kindergartners, new entrants to a school district, and 6th grade students in public and private schools in November and February of each year. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Assess all Kindergartners, new entrants to a school district, & 6th grade students in public & private schools in November & February of each year.
<b>Evaluation Measure:</b>	Baseline: 100% schools reported via the MCIR. Barrier â€ 2 school districts out of 525 school districts in state lost 5% of their state-aid funding due to inability to meet the compliance rate as mandated.

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 10, Program Requirement 10.2	Use a CDC-approved survey methodology to annually estimate program-wide immunization coverage and exemption rates among children entering kindergarten; report data and assessment methods to CDC annually by April 30. These data will be used to monitor progress toward Healthy People objective 14.23, and will be available annually on CDC's website and published periodically in the MMWR. Refer to "School and Child Care Center Assessments: Instructions for Data Collection and Reporting" and "Requirements for Using CDC Sampling Program" supporting documents at the end of this chapter.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Distribute annual school packets to all schools in Michigan;	12/31/2009
2	Post documents on MCIR website	12/31/2009
3	Follow-up with non-compliant schools with LHD.	12/31/2009

**2009-0094: children enrolled in licensed child care centers for annual assessment****Total Budget: \$16,532**

<b>SMART Objective Statement</b>	By 12/31/2009, Jacquelyn Jones will assess the children enrolled in licensed child care centers for annual assessment. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	10.2 By December 31, 2008 assess all children enrolled in licensed child care centers for annual assessment
<b>Evaluation Measure:</b>	100% of licensed child care centers reported via the MCIR.

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 10, Program Requirement 10.3	Monitor changes to state immunization requirements for child care centers and	100%

schools. Include updated information on state immunization requirements as part of the annual report to CDC on school data and assessment methods. This information will be available annually on CDC's website and published periodically.

#### Grantee Activities:

Id	Activity Description	Timeline
1	Distribute annual childcare packets to licensed childcare programs;	12/31/2009
2	Post documents on MCIR website	12/31/2009
3	Follow-up with non-compliant childcare centers with LHD	12/31/2009

#### 2009-0095: immunization coverage maps to local health departments (LHDs) to address pockets of need

**Total Budget: \$27,449**

<b>SMART Objective Statement</b>	By 12/31/2009, Epidemiology Team / Kyle Enger will disseminate the immunization coverage maps to local health departments (LHDs) to address pockets of need. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Provide immunization coverage maps to local health departments (LHDs) to address pockets of need
<b>Evaluation Measure:</b>	Production and usage of mapping application. Updating of coverage maps.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Sentinel Site, Requirement 5	Enhance the analytic capacity of the IIS in support of the immunization program for evaluation and epidemiologic activities. Submit ad-hoc and quarterly vaccination coverage reports and a conference abstract.	100%

#### Grantee Activities:

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Production of a web-based mapping application that can assess MCIR data at the census tract level or smaller.	12/31/2009
2	Presently unable to proceed because geocodes have not been updated. This may change in fall 2008 because geocoding is desired for the VIM	12/31/2009

**2009-0096: minimum of one abstract involving the analysis of MCIR data for presentation at a national conference.**

**Total Budget: \$14,276**

<b>SMART Objective Statement</b>	By 12/31/2009, Epidemiology Team / Kyle Enger - Rachel Potter will present the minimum of one abstract involving the analysis of MCIR data for presentation at a national conference.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Submit a minimum of one abstract involving the analysis of MCIR data for presentation at a national conference.
<b>Evaluation Measure:</b>	One national verbal presentation; no national poster presentations.

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Sentinel Site, Requirement 7	Submit a journal article to a peer-reviewed journal based on sentinel site data orÂ recent IIS efforts for each budget period. IIS or immunization program staff or their designees should be the primary authors and be responsible for data analysis, data interpretation, and manuscript preparation.	100%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Attend NIC conference in 2009 and present immunization waiver information, addressing waiver type and immunization type.	12/31/2009

**2009-0097: racial and ethnic disparities across the state to determine if reductions have**

**Total Budget: \$64,991**



occurred.

<b>SMART Objective Statement</b>	By 12/31/2009, Health Disparities Workgroup will assess the racial and ethnic disparities across the state to determine if reductions have occurred.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	Reduce racial and ethnic disparities across the state
<b>Evaluation Measure:</b>	Compared to baseline data gathered, a plan is proposed to reduce disparities in immunization coverage across the state.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 1, Program Requirement 1.3	Additional Recommended Activities	100%

#### Grantee Activities:

Id	Activity Description	Timeline
1	To create a working definition for racial and ethnic disparity	12/31/2009
2	Collect and report data on said disparity	12/31/2009
3	Develop performance based measurable short-term objectives	12/31/2009
4	Evaluate grant possibilities (review IPOM and outside grants, prepare basic info for potential grant application)	12/31/2009
5	Provide a presentation to the spring IAP meeting	12/31/2009
6	Serve as a resource to staff	12/31/2009

**2009-0099: ongoing efforts of the strategic planning teams and standing committees.**

**Total Budget: \$100,399**


<b>SMART Objective Statement</b>	By 12/31/2009, Core Strategic Planning Team will facilitate the ongoing efforts of the strategic planning teams and standing committees.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	ongoing efforts of the strategic planning teams and standing committees.
<b>Evaluation Measure:</b>	Strategic planning teams ongoing, and standing committees continue to make progress

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 1, Program Requirement 1.2	All grantees will actively engage in self-evaluation to ensure that their findings guide the program in making necessary changes to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes.	50%
Chapter 1, Program Requirement 1.3	Additional Recommended Activities	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	Standing committees continue to meet.	12/31/2009

**2009-0100: awareness and education about adult vaccination among providers, community organizations and the public**

**Total Budget: \$61,997**

<b>SMART Objective Statement</b>	By 12/31/2009, Courtney McFeters will promote the awareness and education about adult vaccination among providers, community organizations and the public. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	awareness and education about adult vaccination among providers, community organizations and the public

<b>Evaluation Measure:</b>	1. Influenza coordinator position remains staffed 2. Increase in FAB membership, variety, & attendance at FAB; Increase active participation on subcommittee groups; FAB publicized in MDCH and partner publications, MDCH influenza website; 3. FEW participation maintained; 4. Maintain development and dissemination of MIFF Report and FluBytes; Conduct FluBytes satisfaction survey; increased # of views to FluBytes archive & MI FluFocus Report; 5. # hits to AIM Toll Kit website Flu Folder 6. Evaluation of # hits to Michigan.gov/flu web page; # partner publications where message disseminated; # of hits to video vignettes on website; feedback on videos from general public. 7. Improve Flu Partnership Survey participation rate; 8. # NIVW campaigns & strategies used within MI; # immz. given during NIVW;
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**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 7, Program Requirement 7.1	Work with partners (e.g., Quality Improvement Organizations, medical professional societies, hospital infection control nurses) to promote the adoption of evidence-based approaches to increasing vaccination such as the use of immunization information systems (IIS) for client and provider reminder/recall, standing orders, assessment/feedback in settings including hospitals, long-term care facilities, and outpatient clinical settings.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	1. MDCH staffs an Influenza Education Coordinator position 2. Flu Advisory Board (FAB) a. Education & Communication Subcommittee b. Leadership & Deployment Subcommittee 3. Flu Education Workgroup; 4. FluBytes Newsletter and MI FluFocus Report; 5. AIM Toolkit Flu Folder; 6. Promote MDCH flu messages in MDCH and partner publications, on MDCH web space 7. Flu Partnership Survey; 8. National Influenza Vaccination Week Activities;	

**2009-0101: strategies to increase influenza vaccination of school age children and adolescents.**

**Total Budget: \$8,935**

<b>SMART Objective Statement</b>	By 12/31/2009, Courtney McFeters will work with internal and external partners to will implement

	the strategies to increase influenza vaccination of school age children and adolescents.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	strategies to increase influenza vaccination of school age children and adolescents.
<b>Evaluation Measure:</b>	1. # collaborations, outcomes 2. # meetings, summaries of discussions, outcomes; 3. # vaccinated 4. # distributed, web site hits, # of presentations, audience reached, # school packets distributed with flyer; 5. # distributed, # presentations, audience reached, # web-site hits; 6. # distributed 7. # attendees, # hits to webinar 8. # distributed in toolkit, via pocked cards, # reached through PSAs, press releases, number of hits to AIM toolkit website folders 9. # attended, learning objectives, evaluations;

**Associate to Goals:**

<b>Goal - Target Capability - Critical Task</b>	<b>Description</b>	<b>Split %</b>
Chapter 6, Program Requirement 6.1	Work with partners to support the establishment of the adolescent platform for adolescent immunizations.	50%
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	50%

**Grantee Activities:**

<b>Id</b>	<b>Activity Description</b>	<b>Timeline</b>
1	1. Support collaborative activities including an outside grant with DMC 2. Meet with adolescent health groups to promote flu activities; 3. Support the Detroit Children's Hospital Immunization Station for walk-in flu vaccinations; 4. Collaborate on School Seasonal and Pan flu toolkit; 5. Collaborate with Department of Education on distribution of flu materials to schools; 6. Provide an influenza flyer in school packets; 7. Promote a webinar targeting colleges and universities on seasonal flu and pan flu preparedness; 8. Develop and provide parent educational materials which include influenza messages; 9. Provide influenza information at the state Adolescent Conference and fall Regional conferences.	12/31/2009

**2009-0102: seasonal influenza vaccination within the medical home.****Total Budget: \$10,036**


<b>SMART Objective Statement</b>	By 12/31/2009, Courtney McFeters will work with partners who will promote the seasonal influenza vaccination within the medical home.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	seasonal influenza vaccination within the medical home.
<b>Evaluation Measure:</b>	1. VFC promotes a comprehensive age appropriate immunization strategy; 2. # influenza vaccines administered by site and age group; 3. # doses posted on IVEN, # and type of user. 4. Summary of discussions, # attendees, # members; 5. Summarize findings and recommendations of Immunization Workgroup of MACI and Medicaid meetings; develop recommendations with Immunization workgroup of MACI; increase MI vaccine admin fees

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	1. VFC promotes a comprehensive age appropriate immunization strategy 2. MCIR assesses for influenza vaccine; 3. IVEN is utilized to facilitate distribution of private vaccine; 4. Discussion held at partner meetings; 5. Work to improve vaccine administration fees.	12/31/2009

**2009-0103: sufficient number of sentinels to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties.**

**Total Budget: \$11,376**

<b>SMART Objective Statement</b>	By 12/31/2009, Rachel Potter will enroll the sufficient number of sentinels to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	number of sentinels to ensure one regularly reporting sentinel per county or one regularly reporting sentinel per 250,000 population in large counties.
<b>Evaluation Measure:</b>	Regularly assess the number of enrolled sentinels and the counties they represent

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Pan Flu (Seasonal)	Pandemic Flu funds used to increase seasonal influenza vaccination.	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Provide a \$50 cash incentive to local health jurisdictions for each sentinel provider site enrolled	12/31/2009

**2009-0104: applicable cost allocations and infrastructure budget items are reasonable and within federal appropriations guidelines.**

**Total Budget: \$502,335**

<b>SMART Objective Statement</b>	By 12/31/2009, Sue Herring will document the applicable cost allocations and infrastructure budget items are reasonable and within federal appropriations guidelines.. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	applicable cost allocations and infrastructure budget items are reasonable and within federal appropriations guidelines.
<b>Evaluation Measure:</b>	The immunization program is funding allowable costs and allocating tunding appropriately.

**Associate to Goals:**

Goal - Target Capability - Critical Task	Description	Split %
Chapter 1, Program Requirement 1.3	Additional Recommended Activities	100%

**Grantee Activities:**

Id	Activity Description	Timeline
1	Contract language is reviewed	12/31/2009
2	Budget considerations are discussed with management team	12/31/2009
3	Quarterly or monthly meetings with DCH Budget office staff are conducted.	12/31/2009
4	Ensure program costs are allowable.	12/31/2009

**2009-0106: The VFC program will demonstrate improved quality assurance by reviewing 100% of provider temperature logs, doses administered and ordering patterns**

**Total Budget: \$57,061**

<b>SMART Objective Statement</b>	By 12/31/2009, VFC Team / Terri Adams - Darcy Wildt - Connie Garn will demonstrate the The VFC program will demonstrate improved quality assurance by reviewing 100% of provider temperature logs, doses administered and ordering patterns. Work on this objective will begin on 01/01/2009.
<b>Objective Name:</b>	The VFC program will demonstrate improved quality assurance by reviewing 100% of provider temperature logs, doses administered and ordering patterns
<b>Evaluation Measure:</b>	New system established and maintained. â€"Resource Book updated annually and posted to website. â€"Education provided at IAP & INE meetings bi-annually. â€"Update VFC INE module at least annually. â€"Collect all VFC enrollment data & reports via MCIR. â€"Utilize E-ordering in MCIR to assess profiles and ordering history. â€"VFC team to update Medicaid lists and compare to VFC provider lists. â€"Screen all VFC providers for current licenses. â€"Using VACMAN to verify vaccine orders. â€"Request Discoverer reports as needed. â€"Attend and present VFC program updates at MACI, FAB and AIM meetings. â€"Perform a provider satisfaction survey every two years and evaluate provider feedback.

#### Associate to Goals:

Goal - Target Capability - Critical Task	Description	Split %
Chapter 2, Program Requirement 2.2	Conduct site visits in public and private VFC provider settings to assure vaccine accountability and appropriate vaccine storage and handling at the provider level.	100%

#### Grantee Activities:

Id	Activity Description	Timeline
1	VFC team to develop revised data storage system with all data placed in one location per VFC PIN #s.	12/31/2009
2	Update and issue and annual Resource Book.	12/31/2009

3	Educate LHDs on how to train providers on the VFC program	12/31/2009
4	Work with INEs on the VFC module	12/31/2009
5	Require all LHDs to review provider temperature logs, doses administered and orders on each occasion that a provider places an order.	12/31/2009
6	Require MCIR reports and supporting documents for placement of orders.	12/31/2009
7	Require MCIR VFC profiles, with VFC staff to review all LHD supporting documents.	12/31/2009
8	VFC staff shall compare Medicaid lists of providers to VFC lists of providers to assure that a higher rate of Medicaid providers are enrolled in the VFC program.	12/31/2009
9	Screening of VFC provider enrollment regarding suspended or revoked licenses.	
10	VFC team to verify vaccine orders in VACMAN and notify providers of issues, if any.	12/31/2009
11	Update MDCH VFC website as needed	12/31/2009
12	Educate IAPs on a bi-annual basis with VFC program guidelines and updates.	12/31/2009
13	Utilize Discoverer reports from MCIR to assess questionable practices	12/31/2009
14	VFC program information shall be presented at every MACI, FAB & AIM meeting.	12/31/2009